

# APPENDIX F

## Expert Declarations

## DECLARATION OF KATHERINE PORTERFIELD, Ph.D.

I, KATHERINE PORTERFIELD, declare as follows:

1. I am a clinical psychologist, licensed to practice in the State of New York. I received my Ph.D. in clinical psychology from the University of Michigan in 1998. My pre-doctoral and postdoctoral training included extensive training in the evaluation and diagnosis of mental disorders. My curriculum vitae which fairly and accurately summarizes my education and experience is attached to this Declaration.

2. Counsel for Lisa Montgomery has asked me to address her current psychological condition, specifically her rational understanding of her planned execution. My opinion, which is based on information obtained from Mrs. Montgomery's attorneys about their daily communication with her, as well as my previous evaluation of Mrs. Montgomery over four days and eighteen hours of face to face interviewing in 2016, and extensive review of Mrs. Montgomery's biopsychosocial history through records and witness interviews, is that as a result of her severe mental illness Mrs. Montgomery is currently unable to rationally understand the basis for her execution. My opinion is also based on my knowledge and experience as a psychologist who has worked with survivors of torture and other trauma for more than two decades, and the United States Supreme Court opinion in *Madison v. Alabama*, 139 S.Ct. 718 (2019).

3. I first evaluated Mrs. Montgomery in 2016. My evaluation and conclusions with respect to Mrs. Montgomery's mental illness are detailed in my April 22, 2016 report and my October 10, 2016 supplemental report. I have also submitted two declarations with respect to my concerns that Mrs. Montgomery's conditions of incarceration were likely to result in a deterioration of her mental health and functioning. Those declarations are dated November 9, 2020 and November 23, 2020. I reaffirm the truthfulness and accuracy of those previous declarations and incorporate them into this declaration by reference.

4. Mrs. Montgomery suffers from complex post-traumatic stress disorder (CPTSD), complex partial seizures and brain impairment, depression, and bipolar disorder. Her CPTSD is characterized by severe dissociative symptoms. In my report dated April 22, 2016, I stated, regarding Mrs. Montgomery's dissociative symptoms:

"The most pronounced manifestation of Lisa Montgomery's extensive trauma history is her dissociative symptomatology and manner of managing stress. Dissociation is a process of the human nervous system in which neurochemical reactions to excessive stress lead to alterations in consciousness and

perceptions of senses, the environment, and the self. Dissociation represents a lowering of consciousness, sometimes to the point of actual rupture of consciousness and awareness (Lanius, Paulsen & Corrigan, 2014). Clinical models of dissociation demonstrate how humans, like animals, when under severe threat, will sometimes experience the release of neurochemicals that are anesthetic in nature and that therefore lower the organism's experience of pain and fear. When humans experience this peritraumatic ("during the trauma") dissociation however, they are often left with residual difficulties after the trauma, such as amnesia, fragmentation of memory, and other disturbances. If the individual suffers multiple traumatic events that lead to frequent and lengthy periods of peritraumatic dissociation, the after effects will likely be more pervasive and more severe. These can include altered states of consciousness that linger after the traumatic events, such as time distortions, cognitive confusion, bodily symptoms (depersonalization and derealization) and emotional numbing. (Frewen and Lanius, 2014). Dissociative symptoms can reach the level of psychosis, as when an individual suffers hallucinatory phenomena, such as voices talking at him or her in an attacking manner."

Specifically, Mrs. Montgomery's dissociative symptoms are characterized by: confused thought processes, disengagement, depersonalization, derealization, identity confusion, memory disturbance, and emotional constriction. The symptoms that Mrs. Montgomery has demonstrated in the past are severe and they can be highly impairing for her. For example, her depersonalization can lead her to feel that she is not present in her body, an experience that is highly destabilizing for people who suffer it. Her thought processes can become confused, leading her to be unsure about time and the basic circumstances in which she finds herself. Derealization can lead her to feel that her environment is unreal or distorted in some way. Her emotional constriction can lead her to become detached from her circumstances, unable to gauge or express what she is feeling. Disengagement can lead her to disconnect from people and no longer communicate her actual feelings, thoughts or plans. In the past, these symptoms have led Mrs. Montgomery to become highly disorganized and, at times, suicidal.

5. Her attorneys have been in regular telephone contact with Mrs. Montgomery, but have been unable to visit with her in person since November 2, 2020. I have been unable to evaluate Mrs. Montgomery in person because of the travel restrictions caused by the current global pandemic. Mrs. Montgomery's attorneys have regularly reported to me after their contacts with her. They have described a deteriorating mental condition

characterized by symptoms consistent with her diagnoses. Specifically, they have described thoughts and behaviors that are manifestations of dissociation, disturbed thinking and likely psychosis. Among the reported symptoms are: auditory hallucinations with self-attacking content (hearing her abusive mother's voice), sleep disturbances and nightmares of past sexual violence, disruption in bodily functions related to elimination due to her perception of male observation, distorted sense of reality (uncertainty about whether the infant she kidnapped is really her child), religious delusions (believing that God is speaking to her through connect-the-dot puzzles), gaps in consciousness of time passing due to periods of being in a dissociative state, derealization (alterations in perception of the external world), inappropriate affect, irritability, and emotional constriction. Recently, Mrs. Montgomery described an interaction with a male psychologist who is not on her regular service in which she says he stated to her, "Don't you just want to say 'fuck the government and kill yourself?'" I find it highly unlikely that a trained clinician would make such a statement to any patient, let alone a patient at acute risk for suicide and with a history of suicide attempts. Mrs. Montgomery repeatedly focused on this statement being made to her, to a degree that suggests distorted perceptions of what the staff members may be intending and that is indicative of incipient paranoia. All of her symptoms are indicators that Mrs. Montgomery's psychological functioning is highly impaired.

6. It is my professional opinion that I would be able to conduct a more thorough evaluation of Mrs. Montgomery during an in-person meeting but I am unable to travel because of the pandemic. Nevertheless, I am confident to a reasonable degree of psychological certainty that Mrs. Montgomery suffers mental diseases and defects and cannot now rationally form an understanding of the government's rationale for her execution. Her concept of reality is so impaired that she cannot grasp the execution's meaning and purpose or the link between crime and its punishment.

7. Were I able to travel I could conduct a more thorough in-person evaluation. An in-person evaluation would be conducted in a way that minimizes the likelihood of doing harm to Mrs. Montgomery or worsening her mental state. Because her dissociative symptoms are easily triggered, an examination of her functioning must proceed carefully so that, if dissociation occurs, Mrs. Montgomery can be carefully monitored and assisted in regaining an integrated, organized mental state. This requires rapport with Mrs. Montgomery, basic trust, and the clinical ability to recognize and address dissociative symptoms in the moment. If the evaluation were taking place on the phone or by video call, this kind of assessment and intervention would not be possible. This is because dissociative symptoms are difficult to detect when a patient is not physically present with a clinician and these symptoms

are difficult to address when not in the room with a patient. Specifically, dissociative symptoms often appear as absences, blank responses, silence, difficulty focusing, fatigue, attentional lapses and distractibility. These symptoms are very difficult to detect without being present with a patient and able to assess eye contact, verbal and physical communication and reactions. Thus, a remote evaluation of Mrs. Montgomery risks triggering her and leaving her in a compromised state that this evaluator would be unable to detect and properly address.

I declare under penalty of perjury and the laws of the United States that the foregoing is true and correct to the best of my information and belief.

Dated this 8th Day of January, 2021.



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**Katherine A. Porterfield, Ph.D.**

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**Education**

**University of Michigan, Ann Arbor, Michigan**

**Doctor of Philosophy**, Clinical Psychology (1998)

**Master of Philosophy**, Clinical Psychology (1994)

**Dissertation Topic:** Meeting the Needs of Parentally Bereaved Children: A Model of Child-Centered Parenting

**Awards:** Regents Fellowship (1992-1996); Power Fellowship (1995-1996); Summer Research Fellowship (1994, 1995); Rackham Dissertation Grant (1997)

**Georgetown University, Washington, D.C.**

**Bachelor of Arts**, Interdisciplinary Studies: English, philosophy, history. (1986)

**Awards:** Graduated cum laude; National Jesuit Honor Society  
Extensive extracurricular theater and social service experience

**Licensure**

New York State License # 014105-1

**Professional and Board Memberships**

*Committee to Protect Journalists*, Secondary Traumatic Stress Advisory Group (2019).

*American Psychological Association*, Member (2008-2012).

*International Society for Traumatic Stress Studies*, Member (Ongoing).

Warrior Relief, Board member. (2013).

826NYC, Advisory Board member (2005-present).

Hands of Change, Advisory Board member (2003-2008).

### **Editorial Positions**

*APA Books*, Invited peer reviewer, American Psychological Association, Washington, DC (2018).

*Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*, Psychological evidence of torture editorial working group member. (2018).

*Journal of Traumatic Stress*, Ad hoc reviewer. (2017-present).

*Journal of Clinical Child and Adolescent Psychology*, Ad hoc reviewer, American Psychological Association, Div. 53. (2015).

*Journal of Clinical Psychology*, Ad hoc reviewer, Wiley Periodicals. (2015).

*Cambridge University Press Medical Group*, Ad hoc reviewer, Cambridge, UK (2014).

*Anxiety, Stress, and Coping: An International Journal*, Ad hoc reviewer, Brunner-Routledge Press. (2013).

*The Psychosocial Impact of Detention and Deportation on Migrant Families*. Inter-American Commission on Human Rights, Washington, DC. Expert reviewer on report by authors Brabeck, K., Lykes, MB., Lustig, S. (2013).

*International Journal of Law and Psychiatry*, Ad hoc reviewer, Universite de Montreal. (2012).

American Psychological Association Task Force on the Psychosocial Effects of War on Children and Families Who Are Refugees From Armed Conflict Residing in the United States, Chair. *American Psychological Association*. (2008-2010).

## **Clinical Experience/Employment**

**New York University School of Medicine, New York, NY**  
**Clinical Instructor, Psychiatry (5/03-present)**

**Bellevue/NYU Program for Survivors of Torture, New York, NY**

**Psychological Consultant (7/19-present)**

**Senior Psychologist (7/08-present)**

**Clinical Co-Director (11/01-7/08)**

**Staff Psychologist (9/99-11/01)**

Provided clinical services to adults, children/adolescents and families at this clinic for survivors of torture and war trauma. Conducted evaluation and assessment services as well as individual, family, and group therapy.

Provide trainings and consultations nationally on issues pertaining to trauma, torture, and refugee mental health. Supervised psychological, psychiatric and social work trainees.

**Journalist Trauma Support Network, Dart Center for Journalism and Trauma, Columbia University, New York, NY.**

**Consulting Psychologist (11/20-present)**

**United States District Court, Southern and Eastern Districts of New York, New York, NY.**

**Psychological expert/Consultant (Varied)**

Served as evaluator/consultant in Federal District Court for several cases.

**Office of Military Commissions Chief Defense Counsel, Washington, DC/Guantanamo Bay, Cuba**

**Psychological expert/Consultant (9/08-present)**

Serve as evaluator/consultant for defense teams in Military Commissions Trials in Guantanamo Bay. Have conducted extensive evaluations of several detainees, including psychological testing, interview, and observation.

**NYU Child Study Center, New York, NY**

**Post-Doctoral Fellow (9/98-8/99)**

Recipient of clinical fellowship at this multi-disciplinary mental health clinic for children and adolescents. Provided assessment, evaluation, and treatment services for children and families within the Center's Anxiety Disorders Clinic, Attention Deficit/Hyperactivity Clinic, Infant and Early



Childhood Development Clinic, and Learning and Academic Achievement Institute. Consulted at The Children's Storefront in Harlem, NY. Provided parenting workshops through the Center's Parenting Institute.

**University Center for the Child and Family, Ann Arbor, MI**

**Intern/Practicum Student** (9/93-10/96)

Recipient of training fellowship on clinical and research issues pertaining to loss in families. Provided individual, couples, and family therapy.

Conducted therapy groups with divorced parents, bereaved siblings, and children from violent homes. Administered psychological assessments for custody, forensic, and academic evaluations (WAIS/WISC, MMPI, Exner Rorschach). Areas of specialization: loss and bereavement in families, therapy with the deaf and hearing-impaired.

**University of Michigan Hospital, Child and Adolescent Psychiatric Division, Ann Arbor, MI**

**Practicum Student** (1/94-5/94)

Administered psychological assessment and co-led Social Skills Group for inpatient adolescents.

**Preventive Intervention Project, Judge Baker Children's Center, Boston, MA**

**Project Coordinator** (9/90-8/92)

Coordinated longitudinal project examining a family-based intervention for depressed parents. Contributed to development of assessment battery, coding systems, and reliability studies, participated in grant and manuscript writing.

**McLean Hospital, Belmont, MA**

**Mental Health Worker** (5/89-8/90)

Responsibilities on a 23-bed locked psychosocial unit included milieu management, treatment planning, case presentation at treatment conferences and crisis intervention. Co-led adolescent group.

**Castle School, Cambridge, MA**

**Senior Counselor/Team Leader** (2/87-3/89)

Responsibilities at a 12-bed residential school for emotionally disturbed adolescents included milieu and case management, crisis intervention, hiring and scheduling staff.

**Adolescent and Family Development Project, Harvard University, Boston, MA**

**Research Assistant** (6/89-1/91)  
Coded interviews using Q-Sort of Ego Processes.

**La Casa de la Mujer**, Chimbote, Peru

**Community Organizer** (6/86-11/86)

Planned and participated in workshops providing psychological, legal, and educational information in impoverished communities.

### **Teaching/Training Experience**

**New York University Medical School**, NY, NY

**Clinical Instructor**

Clinical Supervisor, Psychological Interns and Externs, Psychiatric Residents (1999-present)

Third year Residents Course Co-Director: Introduction to Clinical Work with Survivors of Torture (2003-2006)

Lecturer, Intern and Residents Seminars, (2001-present)

***The Second City***, Detroit, MI; New York, NY

**Facilitator/Improvisation Instructor** (1994-present)

Design and conduct intensive workshops for businesses, focusing on team-building, creativity, and communication skills in organizations. Clients include Pfizer Pharmaceuticals, Major League Baseball, MTV, and General Motors.

**Performer/Understudy** (1994-2001)

Served as performer and understudy for Main Stage company, corporate theater company and touring company of *The Second City*, Detroit, MI.

**Zone, Sports Media Consulting**, Cleveland, OH (2007-present)

Conduct sports media training and consultations for professional athletes, coaches, general managers and collegiate athletes and coaches, including NBA, NHL and MLB.

**The American Musical and Dramatic Academy**, New York, NY

**Improvisation Instructor** (1/99-12/99)

Designed and taught improvisation course for acting students in this conservatory program.

**The University of Michigan**, Ann Arbor, MI

**Graduate Student Instructor** (1994, 1996)

Utilized role-play, lecture and discussion formats in this course on introductory counseling skills. Supervised undergraduate teaching assistants.

**Gilda's Club**, New York, NY

**Improvisation Instructor** (2/97-2/99)

Taught course on improvisation at this wellness center for individuals with cancer.

**Georgetown University**, Washington, DC

**Improvisation Instructor** (Summer, 1997)

Taught course on improvisation at the Alumni College.

**The Castle School**, Cambridge, MA

**Drama Teacher** (2/87-2/89)

Taught drama and improvisation at this residential school for emotionally disturbed teens.

**Publications**

**Porterfield, K.** (2020) Principles of care of survivors of organized violence in a global society, In Rubin, N and Flores, R. (Eds.) *The Cambridge Handbook of Psychology and Human Rights*, Cambridge University Press.

**WITNESS.** (2020). Video as Evidence Field Guide: Using Video to Support Accountability for Sexual and Gender-Based Violence Crimes (SGBV). Invited contributor.

United Nations. (In Press). *Istanbul Protocol: Manual on the effective investigation and documentation of torture and other cruel, inhuman, or degrading treatment or punishment*. Contributing author. New York: United Nations.

**Porterfield, K.** (2019). Working with a Traumatized Child: Creating a Frame and Minimizing Harm. DART Center for Journalism and Trauma. Tipsheet for journalists. Available at <https://dartcenter.org/resources/working-traumatized-child-creating-frame-and-minimizing-harm>.

Brabeck, K.M., **Porterfield, K.**, & Loughry, M. (2015). Psychosocial and mental health issues, assessment, and interventions with immigrant individuals and

families facing detention and deportation in the United States. In D. Kanstroom and M.B. Lykes (eds). *The new deportations delirium: Interdisciplinary responses*. New York University Press.

Lindhout, A. & **Porterfield, K.** (2014). Healing in forgiveness: A discussion with Amanda Lindhout and Dr. Katherine Porterfield. *European Journal of Psychotraumatology*, Vol. 5. Available online at: <http://www.ejpt.net/index.php/ejpt>.

American Psychological Association. (2010). *Resilience and Recovery after War: Refugee Children and Families in the United States: Report of the APA Task Force on the Psychosocial Effects of War on Children and Families Who are Refugees from Armed Conflict in the United States*. Washington, DC: Lead author/Chair.

**Porterfield, K.** & Akinsulure-Smith, A. (2007). Therapeutic Work with Children and Families. In H. Smith & A. Keller (Eds.), *Like a Refugee Camp on First Avenue: Insights and Experiences from the Bellevue/NYU Program for Survivors of Torture* (pp 299-335). New York, Grant-funded publication.

Keller, A., Lhewa, D., Rosenfeld, B., Sachs, E., Aladjem, A., Cohen, I., Smith, H., **Porterfield, K.**, Wilkinson, J., Perdomo, L., & Smith, Y. A. (2006). Traumatic experiences and psychological distress among an urban refugee population. *Journal of Nervous and Mental Disease*, 194 (3), 188-194.

Saldinger, A., Cain, A., & **Porterfield, K.** (2005). Traumatic stress in adolescents anticipating parental death. *The Prevention Researcher*, 12 (4), 17-20.

Saldinger, A., Cain, A., **Porterfield, K.** & Lohnes, K. (2004). Facilitating attachment between school-aged children and a dying parent. *Death Studies*, 915-938.

Saldinger, A., **Porterfield, K.**, & Cain, A. (2004). Meeting the needs of parentally-bereaved children: A framework for child-centered parenting. *Psychiatry: Interpersonal and Biological Processes*, 67(4), 331-352.

Saldinger, A., Cain, A., & **Porterfield, K.** (2003). Managing traumatic stress in children anticipating parental death. *Psychiatry: Interpersonal and Biological Processes*, 66 (2), 168-181.

**Porterfield, A.,** Cain, A., & Saldinger, K. (2002-2003). The impact of early loss history on parenting of bereaved children: A qualitative study. *Omega: Journal of Death and Dying*, 47(3):203-220.

Beardslee, W, Salt, P., **Porterfield, K.**, et al. (1993). Comparison of preventive interventions for families with parental affective disorder. *J. Am. Acad. Child Adolesc. Psychiatry*, 32(2), 254-263.

## **Presentations**

Porterfield, K. (October 27, 2020). Working with traumatized client: The biopsychosocial imprint of trauma. Advancing Real Change Seminar. (Virtual)

Porterfield, K. (October 19, 2020). Secondary traumatic stress in journalism: A biopsychosocial approach to well-being. Training for the International Women's Media Foundation, Hazardous Environments Training. Washington, DC. (Virtual)

Porterfield, K. (October 14, 2020). Interviewing individuals in solitary confinement: Recognizing and responding to trauma. Training for NYU Solitary Confinement Project. NY, NY. (Virtual)

Porterfield, K. (October 2, 2020). Enhancing well-being during a time of chronic stress: Lessons from the trauma field. Webinar for Federal Defenders of San Diego CJA conference. (Virtual)

Porterfield, K. (September 28, 2020). The biopsychosocial imprint of complex childhood trauma. Webinar for University of Texas Law School Capital Punishment Clinic. (Virtual)

Porterfield, K. (June 23, 2020). Enhancing well-being during a time of stress: A model of self-assessment and care. Webinar for CCR Intern class. NY, NY. (Virtual)

Porterfield, K. (June 18, 2020). Trauma-informed work with incarcerated youth. Webinar for Center for Motivation and Change. NY, NY. (Virtual)

Porterfield, K. (June 3, 2020). Recognizing and responding to the biopsychosocial impact of stress: Enhancing well-being in yourself and your team. Webinar for Freedom House international management team. Washington, DC. (Virtual)

Porterfield, K. (May 22, 2020). Working with traumatized populations during a time of stress. Webinar for International Women's Media Foundation staff. Washington, DC. (Virtual)

Porterfield, K. (May 2020-October 2020). Coping through trauma: A biopsychosocial approach to managing stress and well-being in an ongoing trauma. Webinars for New York Presbyterian Pulmonary Critical Care teams. NY, NY. (Virtual)

Porterfield, K. (April 30, 2020). Enhancing well-being during a time of stress: A model of self-assessment and care. Webinar for Military Commissions Defense Operations staff. Washington, DC. (Virtual)

Porterfield, K. (April 22, 2020). Recognizing and responding to the biopsychosocial impact of stress: Enhancing well-being in yourself and your team. Webinar for Center for Constitutional Rights management team. Washington, DC. (Virtual)

Porterfield, K. (April 9, 2020). Enhancing well-being during a time of stress: A model of self-assessment and care. Webinar for Center for Constitutional Rights staff. Washington, DC. (Virtual)

Porterfield, K. (April 8, 2020). Enhancing well-being during a time of stress: A model of self-assessment and care. Webinar for Freedom House Emergency Assistance Program. Washington, DC. (Virtual)

Porterfield, K. (March 30, 2020). Making the world hurt less: Enhancing wellbeing during a time of stress. Webinar for International Women's Media Foundation. Washington, DC. (Virtual)

Porterfield, K. (March 19, 2020). Lessons learned from journalists covering pandemics. Webinar for International Women's Media Foundation. NY, NY. (Virtual)

Porterfield, K. and Sachs, E. (February 28, 2020, March 27, 2020). Secondary traumatic stress in journalism: A biopsychosocial approach to well-being. Training for the Nieman Foundation Fellows, Harvard University, Cambridge, MA. (Virtual)

Porterfield , K. (February 14, 2020). The biopsychosocial imprint of trauma in human rights work. Training for Cardozo Law School, Immigrant Rights Project. New York, NY.

Porterfield, K. (December 11, 2019). The biopsychosocial imprint of complex trauma: Implications for evaluation and treatment. Grand Rounds, St. Elizabeth's Hospital, Washington, DC.

Porterfield, K. (November 14-15, 2019). The biopsychosocial imprint of trauma; and Secondary traumatic stress: Strategies for well-being. Presentations at Federal Defenders Orientation Training, Santa Fe, NM.

Porterfield, K. (October 24, 2019). The biopsychosocial imprint of trauma in human rights advocacy. Columbia University Law School. International Human Rights Clinic. NY, NY.

Porterfield, K. (September 21, 2019). Interviewing traumatized children. Presenter at *Through the Eyes of Young Children: Reporting on Children and the International Refugee Crisis*. Conference sponsored by DART Center for Journalism and Trauma, Columbia School of Journalism, New York, NY.

Porterfield, K. (September 20, 2019). Recognizing and preventing secondary traumatic stress in journalism. Safety Training for Female Journalists. Sponsored by ROAAAR and International Women's Media Foundation. Brooklyn, NY.

Porterfield, K. (September 18<sup>th</sup>, 2019). The biopsychosocial impact of trauma: Recognizing trauma and enhancing well-being. Training for Immigrant Justice Corps. New York, NY.

Porterfield, K. (April 19, 2019). The biopsychosocial impact of trauma: Working with traumatized populations. Training for Columbia Law School Immigration Clinic, NY, NY.

Porterfield, K. (April 4, 2019). Recognizing and responding to traumatized patients in a medical setting. Presentation at Global Health Conference, Physician Assistants for Global Health and Mount Sinai Health System Dept of PA Services. NY, NY.

Porterfield, K. (March 1, 2019). The Biopsychosocial impact of trauma: Human rights work with traumatized populations. Training for staff of the Center for Constitutional Rights, NY, NY.

Porterfield, K. (January 26, 2019). Secondary traumatic stress in journalism: A biopsychosocial approach to well-being. Training to the Nieman Foundation Fellows, Harvard University, Cambridge, MA.

Porterfield, K. (November 16, 2018). The biopsychosocial imprint of childhood trauma: Complex Post-traumatic Stress Disorder. Presentation at 26<sup>th</sup> Annual Virginia Bar Association Capital Defense Workshop, Richmond, VA.

Porterfield, K. (November 8, 2018). The biopsychosocial imprint of trauma; and Secondary traumatic stress: Strategies for well-being. Presentations at Federal Capital Habeas Unit Training, Santa Fe, NM.

Porterfield, K., Pradhan, A., Satterthwaite, M., Singh, A., (October 19, 2018). The Meaning of Torture in National Security. Invited panelist. Why International Law Matters: 97<sup>th</sup> Annual Meeting of the American Branch of the International Law Association. Fordham Law School, New York, NY.

Porterfield, K. (October 3, 2018). Uncompartmentalizing: Learning from a refugee health care experience. Critical Issues in Emergency Medicine. Invited panelist. Bellevue Hospital Emergency Medicine Department, NY, NY.

Porterfield, K. (June 19, 2018). The Biopsychosocial Imprint of Trauma. Plenary Presentation. Federal Death Penalty Authorized Case Consultation and Training Conference, Administrative Office of the US Courts. Atlanta, GA.

Porterfield, K. (June 4, 2018). The Imprint of Trauma in Human Rights Work. Training for Center for Reproductive Rights. New York, NY.

Haidt, J., Porterfield, K., Van Bavel, J. (June 3, 2018). The Roots of Extremism: The Fundamentalist in Your Brain. Invited panelist. World Science Festival, New York, NY.

Porterfield, K. (May 15, 2018). The Imprint of Trauma in Human Rights Work. Training for Reprieve. New York, NY.

Porterfield, K. (March 21, 2018). The Biopsychosocial Imprint of Trauma: How to Recognize, How to Respond. Plenary Presentation. Capital Habeas Unit National Conference, Federal Judicial Center, Santa Fe, New Mexico.



Porterfield, K., Kleinman, S., Katz, C, Mukherjee, E. (February 26, 2018). Changes in Policy and Practice in Asylum Law. Invited panelist. New York County Psychiatric Society. New York, NY.

Porterfield, K. (February 13, 2018). The Imprint of Trauma in Human Rights Work. Training for Physicians for Human Rights national and international staff. New York, NY.

Porterfield, K. and Smith, H. (February 16, 2018). Building the foundation of trauma-based treatment for refugee clients. Day long training for mental health providers. Sponsored by Better Health for Northeastern New York & Alliance for Better Health Care. Albany, NY.

Porterfield, K. (January 18, 2018). Interviewing survivors of trauma in a Journalism Context. Presentation at The Dart Center for Journalism and Trauma, Columbia University. New York, NY.

Porterfield, K. (January 10, 2018). The biopsychosocial imprint of complex trauma: Implications for evaluation and treatment in forensic and community contexts. Full-day training sponsored by Institute of Law, Psychiatry, and Public Policy at the University of Virginia, and by the Virginia Department of Behavioral Health and Developmental Services. Jointly provided by the Office of Continuing Medical Education of the University of Virginia School of Medicine.

Porterfield, K. (November 30, 2017). The impact of enhanced interrogation and rendition. Testimony at public hearings for North Carolina Commission of Inquiry on Torture. Raleigh, NC.

Porterfield, K. (July 7-10, 2017). The biopsychosocial impact of trauma: Issues for journalists. Training for International Women's Media Foundation, Hazardous Environment Training, Mexico City, Mexico.

Porterfield, K. (June 14, 2017). Working with traumatized prisoners: barriers and strategies for attorneys. Invited presentation to The Innocence Project staff and interns. New York, NY.

Porterfield, K. (May 17, 2017). The biopsychosocial impact of trauma: Human rights work with traumatized populations. Full day training for staff of MADRE, New York, NY.

Porterfield, K. (May 11, 2017). Human rights and psychology: A view from Guantanamo. Presentation at the Watkinson School. Hartford, CT.

Porterfield, K. (March 24, 2017). The biopsychosocial impact of trauma: Treatment and care of survivors. One-day workshop. Institute for Individual and Family Counseling, University of Miami School of Education and Human Development. Miami, FL.

Akinsulture-Smith, A; Porterfield, K.; Smith, H. (December 9, 2016). Assessment and treatment of torture survivors: Resilience-centered healing. Invited Webinar. American Psychological Association Division 56 Webinar Series.

Porterfield, K. (October 13, 2016) Interviewing survivors of trauma and torture in a human rights context. Invited lecturer at Columbia University Law School Human Rights Clinic. New York, NY.

Porterfield, K. (October 6, 2016). Working with traumatized clients: Strategies for advocates and lawyers. Presentation at CUNY Law School Family Law and Immigration and Human Rights Clinics. Brooklyn, NY.

Porterfield, K. (September 22-25, 2016). International Criminal Court: Trial advocacy training program. Office of the Prosecutor. Invited faculty. Hague, Netherlands.

Porterfield, K. (August 11, 2016). Introduction to complex trauma. Invited presenter to Federal Capital Habeas Corpus Conference. Washington, DC.

Akinsulture-Smith, A; Porterfield, K.; Smith, H. (August 4, 2016). Assessment and treatment of torture survivors: Integrative approach to service provision. Invited Symposium. American Psychological Association Convention. Denver, CO.

Porterfield, K. (June 8, 2016) Human rights and psychology, Grand Rounds, Maimonides Hospital, Brooklyn, NY.

Porterfield, K., Lebowitz, L. (May 13, 2016). The impact of childhood trauma, Federal Capital Habeas Project Annual Conference. Atlanta, Georgia.

Porterfield, K. (February 5, 2016). Trauma and the refugee client: Barriers and strategies for care. Webinar for SUNY Albany School of Public Health: Center for Public and Continuing Education Series: Advancing Cultural Competence in the Workplace.

Porterfield, K. and LeBoeuf, D. (January 23, 2016). Childhood trauma: Moving past checklists and diagnoses. Presentation (Via remote) to the Alabama Criminal Defense Lawyers Association. Birmingham, AL.

Porterfield, K. (November 3, 2015). Impact of psychological torture: Perspectives from Guantanamo and the Bellevue/NYU Program for Survivors of Torture. Invited presentation to the American Academies of Science, Engineering and Mathematics Human Rights Committee, Washington, DC.

Porterfield, K. (October 30, 2015) Moving past checklists and diagnoses: Childhood trauma. Federal Death Penalty Strategy Session, Administrative Office of the US Courts, Fort Lauderdale, FL.

Porterfield, K. (October 20, 2015). A psychologist's view from death row and Guantanamo. Presentation at the Watkinson School. Hartford, CT.

Porterfield, K. (October 16, 2015) Interviewing survivors of trauma and torture in a human rights context. Invited lecturer at Columbia University Law School Human Rights Clinic. New York, NY.

Porterfield, K. (October 14, October 21, 2015). Working with traumatized clients: Strategies for lawyers and advocates. Training for the staff at The Bronx Defenders. New York, NY.

Porterfield, K., Figley, C, Smith, C., Gobin, R., Gold, S., Rom-Rymer, B., and Rhoades, G., (September 25, 2015) The Hoffman Report: Division 56 discusses initial reactions and plans. Webinar sponsored by APA Division 56.

Porterfield, K. (September 16, 2015). Traumatic grief in victims and families. Invited training for Administrative Office of the US Courts, Defense-Initiated Victim Outreach, Alexandria, VA.

Porterfield, K. (July 22-23, 2015). Communication strategies with a traumatized client and Self-care for staff, Presentations at "Building Awareness, Skills and Knowledge: A Community Response to the Torture Survivor Experience" Conference sponsored by Refugee Services National Partnership for Community Training and Tennessee Office for Refugees, Nashville, TN.

Sowards, G, LeBoeuf, D., Holdman, S., Poteet, D., Nevin, D., Porterfield, K. (July 13, 2015). From Death Row to Guantanamo: Practical ethics in the interface between law and mental health. Panel presentation at the International Congress of Law and Mental Health, Vienna, Austria.

Porterfield, K. (May 28, 2015). Impact of trauma on the refugee family with children: Clinical considerations and recommendations for care; Working with clients who have suffered trauma: Strategies for effective communication;

Secondary trauma and self-care in working with traumatized refugee populations. Intensive Case Management Training Conference, Lutheran Immigration and Refugee Service, Baltimore, MD.

Porterfield, K. (May 2, 2015) Resilience and recovery after wrongful incarceration, Working with those who have experienced wrongful incarceration. Invited speaker at the 2015 Innocence Network Conference. Orlando, FL.

Porterfield, K. (January 22, 2015). Secondary trauma for lawyers and advocates conducting human rights work. Invited presentation to the Innocence Project staff and students. New York, NY.

Porterfield, K. (November 19, 2014). Working with traumatized clients: Strategies for advocates and lawyers. Presentation to Georgia Capital Defenders Annual Conference, St. Simons Island, GA.

Porterfield, K. (October 23-25, 2014). Complex trauma in mitigation. National Association of Criminal Defense Lawyers: 16<sup>th</sup> Annual Making the Case for Life Seminar. (October 23-25, 2014). Charlotte, NC.

Porterfield, K. (October 16, 2014). Working with traumatized clients: Strategies for advocates and lawyers. Presentation at CUNY Law School Family Law and Immigration Clinics. Brooklyn, NY.

Porterfield, K. (June 6, 2014, September 18, 2014, October 21, 2014) Working with traumatized prisoners: Barriers and strategies for attorneys. Invited presentation to The Innocence Project staff. New York, NY.

Porterfield, K. (May 13, 2014). The psychological effects of chronic systematic child abuse and neglect: Lessons learned from the field. Invited Speaker, 22<sup>nd</sup> Annual Children's Justice Conference, Washington State Department of Social and Health Services, Spokane, WA.

Porterfield, K. (May 5-18, 2014). Working Effectively with Traumatized Children and Families in the Aftermath of Torture and Refugee Trauma: Core Principles. Two week E-Learning Seminar for refugee service providers for Gulf Coast Jewish Family and Community Services, National Partnership for Community Training.

Porterfield, K. (April 23, 2014). The Unmaking of the Underdog, TEDx Presentation, TEDx Editors' Pick, Franklin and Marshall College, Lancaster, PA.

Porterfield, K. (April 9, 2014). A Graded Therapeutic Approach to the Traumatized Refugee Client. Webinar presented to staff of Jewish Family Services and affiliated clinicians, Syracuse, NY.

Porterfield, K. (March 26, 2014). Human Rights and the Role of Psychologists: A View from Guantanamo. Invited speaker, The Watkinson School, Hartford, CT.

Porterfield, K. (March 13, 2014) Childhood Trauma: What the Research—Established and Emerging—Teaches Us About Clients. Authorized Case Training and Consultation Conference, Federal Death Penalty Resource Counsel. Louisville, Kentucky.

Porterfield, K. (March 6, 2014) Inhuman Incarceration: An Interdisciplinary Discussion on the Consequences of the Prison Industrial Complex. Invited panelist. CUNY School of Law, Queens, NY.

Porterfield, K. (November 21, 2013) Working with Traumatized Prisoners: Barriers and Strategies for Attorneys. Invited presentation to The Innocence Project staff and student lawyers. New York, NY.

Porterfield, K. (October 15-16, 2013) Working Clinically with Traumatized Refugee Children and Families; Complex Marginalization and the Refugee Client; Unspoken Human Rights Conference: Restoring Dignity and Healing from Trauma and Torture. Interdisciplinary conference sponsored by Refugee Services National Partnership for Community Training. Utica, NY.

Porterfield, K. (October 15, 2013). Working with Traumatized Immigrant and Refugee Clients in a Legal Context. Presentation to CUNY School of Law Immigration Clinic. New York, NY.

Porterfield, K. (May 17, 2013). Working Clinically with the Traumatized Refugee Child and Family; Two Week E-learning Seminar for Gulf Coast Jewish Family and Community Services Providers.

Porterfield, K. (April 16, 2013). Working Clinically with the Traumatized Refugee Child and Family and Complex Marginalization: Addressing the Refugee Experience in Your Agency. Presentations at Building Bridges Conference: The Refugee Journey, Fargo, ND.

Porterfield, K. (March 13, 2013). Managing Secondary Trauma in Work With Refugees, Webinar Conference Call facilitated for Gulf Coast Jewish Family & Community Services.

Porterfield, K. (February 13, 2013). Human Rights Abuses and the Role of Psychologists, Presentation at Fordham Law School Seminar on International Law and Terrorism, New York, NY.

Porterfield, K. (February 12, 2013). Psychological Evaluations in the War on Terror. Presentation to The Watkinson School, Hartford, CT.

Porterfield, K. and Akinsulure-Smith, A. (December 6, 2012) Human Rights Abuses: Impunity and Advocacy: The View from Guantanamo and the Hague. Presentation at City College of New York; Psychology Department.

Porterfield, K. (November 16, 2012) Traumatized Clients in Capital Cases: Barriers and Strategies for Attorneys. Invited presenter, Virginia Bar Association Capital Defense Training, Richmond, VA.

Porterfield, K. and Akinsulure-Smith, A. (October 26, 2012) Human Rights Abuses: Impunity and Advocacy: The View from Guantanamo and the Hague. Presentation at Bellevue Hospital Center Psychiatry Case Conference.

Porterfield, K. (June 6, 2012) Traumatizing Lives, Traumatizing Imprisonment: Working with Multiply Traumatized Clients in Prisons, Presentation at Arnold and Porter Law Firm, New York, NY.

Porterfield, K. (May 15, 2012) Traumatized Clients: Signs, Symptoms, and Strategies for Building Relationships, Office of the Appellate Defender, New York, NY.

Porterfield, K., Akinsulure-Smith, A, O'Hara, S. (April 19, 2012) Refugees and Psychosocial Well-being, Invited panelist at United Nations Psychology Day conference, Human Rights for Vulnerable People: Psychological Contributions and the United Nations Perspective, New York, NY.

Porterfield, K. (April 17, 2012) Working Effectively with Traumatized Children and Families in the Aftermath of Torture and Refugee Trauma: Core Principles, Webinar presented for National Partnership for Community Training, Florida Center for Survivors of Torture, New York, NY.

Porterfield, K. (March 23, 2012) Clients Traumatized by Incarceration and Security Measures, Signs, Symptoms and Strategies for Building Relationships, Presentation at Bureau of Prisons Homicides Authorized Case Training and Consultation Conference, Denver, CO.

Porterfield, K. (March 12, 2012) Traumatized Clients: Signs, Symptoms, and Strategies for Building Relationships, Neighborhood Defenders Service, Harlem, NY.

Porterfield, K. (March 8, 2012) Working Effectively with Traumatized Children and Families in the Aftermath of Torture and Refugee Trauma: Core Principles, Presentation at “Fostering the Resilient Spirit: Holistic Responses in the Torture Treatment Field.” Tulane University School of Social Work, New Orleans, LA.

Porterfield, K. (February 13, 2012) Working Clinically with Traumatized Children and Families, ½ day training provided at Center for Family Life, Brooklyn, NY.

Porterfield, K. (November 11, 2011) Harnessing Knowledge: Advocacy and Prevention and Bearing Witness: The Experience of the Media, Invited panelist: Recovery from Trauma: Lessons from Ground Zero and Beyond, Peter C Alderman Foundation/NYU Hospital, New York, NY.

Porterfield, K., Keller, A., & Xenakis, S. (November 5, 2011) Torture and Maltreatment in the War on Terror: Rupturing Professional and Clinical Bonds, Panelist: International Society for Traumatic Stress Studies, Baltimore, MD.

Porterfield, K., LeBoeuf D., Holdman, S., (November 4, 2011) Traumatized Clients: Signs, Symptoms, and Strategies for Building Relationships. Invited speaker, Federal Death Penalty Resource Counsel, New Orleans, LA.

Porterfield, K. (June 8, 2011) Multicultural Issues in Service Provision to Traumatized Refugees, Invited speaker, US Committee for Refugees and Immigrants Conference, Arlington, VA.

Porterfield, K. ((May 13, 2011) Complex Trauma as a Factor in Mitigation, Invited speaker, Habeas Corpus Resource Center Spring Conference, San Francisco, CA.

Porterfield, K. and Keller, A. (January 14, 2011) Interviewing Trauma Survivors in a Legal Context, Half-day training for Open Society Institute Justice Initiative Team, New York, NY.

Porterfield, K. (January 13, 2011). Inner Healing after War. Invited panelist. United Nations NGO on Mental Health, New York, NY.

Porterfield, K. (January 11, 2011). Torturing the Mind: U.S. Involvement in Psychological Torture. Invited panelist. New York Religious Campaign Against Torture, New York, NY.

Porterfield, K. (June 16, 2010). Working with Traumatized Children in an Asylum Context. Invited speaker. Asylum Officers' Training, Newark, NJ.

Porterfield, K (April 23, 2010). Complex Trauma as a Factor in Mitigation, Invited speaker, Seventh National Seminar on the Development and Integration of Mitigation Evidence: New Science, New Strategies, Seattle, Washington.

Porterfield, K. (March 19, 2010). Working with Traumatized Refugee Populations. Invited Panelist at Boston College Conference "Deportation, Migration, Human Rights." Boston, MA.

Porterfield, K. (February 26, 2010). Working with Traumatized Individuals in a Legal/Human Rights Context. Presentation to Center for Constitutional Rights Staff, New York, NY.

Porterfield, K. (December 7, 2009) Integrated Treatment of a First Responder From 9/11: CBT Methods in a Long-term Treatment. Grand Rounds Invited Presenter, Manhattan Psychiatric Center, New York, NY.

Porterfield, K. (October 15, 2009). Introduction to Exposure Therapy. Counseling Methods Course, City College, New York, NY.

Porterfield, K. (September 11, 2009). Integrated Treatment of a First Responder From 9/11: CBT Methods in a Long-term Treatment. Bellevue Hospital Case Conference Invited Presenter, Bellevue Hospital, New York, NY.

Porterfield, K., Akinsulure-Smith, A, Kia-Keating, M. and Betancourt, T. (August 7<sup>th</sup>, 2009). War-Affected Children Residing in the U.S.: Challenges and New Directions for Psychologists. Chair of Panel at the American Psychological Association 2009 Convention. Toronto.

Porterfield, K. (July 19, 2009). Working with Traumatized Children in a Legal/Human Rights Context. Presentation to staff of Kids in Need of Defense (KIND) Staff Retreat, Washington, DC.



Porterfield, K., Xenakis, S., and Keram, E. (June 12, 2009). Psychological Issues in Working with Detainees in Guantanamo. Panel Presentation to Office of Military Commission Defense Counsel, Washington, DC.

Porterfield, K. (May 17, 2009). Interviewing Trauma Survivors in a Legal/Human Rights Context. Presentation at ACLU Human Rights Documentation Training, ACLU National Office, New York, NY.

Porterfield, K (March 29, 2009). Interviewing Survivors of Torture and Trauma in a Legal Context. Seminar presented to Columbia University Law School, International Human Rights Clinic, New York, NY.

Porterfield, K (March 4, 2009). Recognizing and Responding to the Traumatized Refugee Child and Family. Presentation at Health Care for Immigrant Families: What the Pediatrician Should Know, Conference sponsored by New York Chapter 3, District II, of the American Academy of Pediatrics, New York, NY.

Porterfield, K. (February 24, 2009). Interviewing Survivors of Trauma in a Legal Context. Seminar presented to CUNY Law School Immigration and International Women's Human Rights Clinics.

Porterfield, K., Keller, A. (June 28, 2008). How to Recognize, Document and Understand the Effects of Torture. Training for Military Commissions Defense: Capital Case Consult, Washington College of Law, American University, Washington, DC.

Porterfield, K. (May 9, 2008). Interviewing Survivors of Gender-Based Violence in a Legal Context. Training for Human Rights USA. New York, NY.

Porterfield, K. and Keller, A. (April 18, 2008). Interviewing Survivors of Trauma in a Legal Context: Barriers and Strategies. Training for Office of Military Commissions, Office of the Chief Defense Counsel, Guantanamo Team.

Porterfield, K. (April 16, 2008). Understanding the Effects of Refugee Trauma and Vicarious Traumatization. Full day staff training at Interfaith Migration Ministries, New Bern, North Carolina.

Porterfield, K. (April 16, 2008). Working with Refugee Children in Schools. Training for Guidance and ESL staff, New Bern Public Schools, Craven District, New Bern, North Carolina.

Porterfield, K. (April, 2, 2008). Trauma, Testimony, and Recovery: Human Rights Tensions and Challenges in the Treatment of Torture Survivors, Invited Lecturer, Human Rights: A Culture in Conflict, Georgetown University.

Porterfield, K. (February 14, 2008). Interviewing Survivors of Trauma in a Legal Context, Seminar presented to CUNY Law Immigration and Domestic Violence Clinics, New York.

Porterfield, K. & Gray, A. (January 23, 2008). Serving Children Who are Torture Survivors. Webinar provided for the National Consortium of Torture Treatment Centers.

Porterfield, K. (January 15, 2008). Interviewing Survivors of Gender-Based Violence: Clinical Considerations. Training provided for Human Rights Watch Research Staff.

Porterfield, K, Nguyen, L., Gutierrez, G., (November 15, 2007). Psychology, Law and Torture: Retraumatization and Reenactment in Torture Victims. Panelist, ISTSS National Conference, Baltimore, MD.

Porterfield, K. (October 24, 2007). Interviewing Survivors of Torture in a Legal Context. Training provided for Center for Constitutional Rights Asylum Attorneys, Davis Polk Law Firm, New York.

Porterfield, K. (February 15, 2007) Interviewing Survivors of Torture in a Legal Context, Training provided for Center for Constitutional Rights Guantanamo Habeas Project, New York, NY.

Porterfield, K. (January 25, 2007)., Pinochet to Rumsfeld: Accountability to US Officials for Torture. Invited panelist at event sponsored by the Center for Constitutional Rights and The Nation, New York, NY.

Porterfield, K (August 23, 2006). Introduction to Clinical Issues with Traumatized Patients. Psychological Interns Seminar, Bellevue Hospital, New York, NY.

Porterfield, K. (June 5, 2006). From Horror to Hope: Clinical Work with Children and Adolescents Affected by War, Invited presenter at Living in State of High Alert: Traumatized Children and Families in a Stressful Society. Manhattan Child

and Adolescent Services Committee Conference, Fordham University, New York, NY.

Porterfield, K. (March 6, 2006, November 30, 2005) Interviewing Survivors of Torture in a Legal Context, Training provided for Center for Constitutional Rights Guantanamo Habeas project, New York, NY.

Porterfield, K. (September 30, 2005). Clinical Work with War-Traumatized Children—Two Case Presentations. The University Center for the Child and Family, University of Michigan, Ann Arbor, MI.

Porterfield, K. (September 29, 2005). From Horror to Hope: Clinical Work with Children and Adolescents Affected by War. Invited Lecturer, University of Michigan Department of Psychology, Ann Arbor, MI.

Porterfield, K. and Schoen, S. (September 23, 2005). Interviewing Survivors of Torture in a Legal Context. Training provided for attorneys working on Guantanamo and Abu Ghraib cases, Center for Constitutional Rights, New York, NY.

Porterfield, K. and Schoen, S. (August 4, 2005). Interviewing Survivors of Torture in a Legal Context, Training provided for attorneys working on Guantanamo and Abu Ghraib cases, American Civil Liberties Union, New York, NY.

Porterfield, K. (July 14, 2005). Through My Eyes: Children's Drawings from Conflict Zones. Invited Panelist at Chelsea Art Museum Exhibit, Sponsored by Amnesty International.

Porterfield, K. (February 5, 2005) Integrated Treatment with a Survivor of Gang Rape in Kosovo. Presentation to William Alan White Institute, Refugee Trauma Study Group, New York, NY.

Porterfield, K. & Akinsulure-Smith, A. (November 15, 2004). Two Short Term Group Treatment Models for War Trauma Survivors. Workshop presented at The International Society for Traumatic Stress Studies 20<sup>th</sup> Annual Meeting: "War as a Universal Trauma." New Orleans, LA.

Porterfield, K. (April 21, 2004). From Horror to Hope: Clinical Work with Children and Adolescents Affected by War. Rachel Summerfield Memorial Lecture, University of Chicago, Chicago, IL.

Porterfield, K. (March 24, 2004) Integrated Treatment with a Survivor of Gang Rape in Kosovo. Presentation to Institute for Contemporary Psychotherapy, New York, NY.

Porterfield, K. & Akinsulure-Smith, A. (April 15, 2003). Responding to Disasters: Mental Health Assessment and Self-Care. Presentation for Beth Israel Social Work In-Service Training, New York, NY.

Porterfield, K. (September 12, 2002). Psychiatry Takes to the Streets: Bellevue Hospital Responds to 9/11. NYU Psychiatry Grand Rounds Panel Presentation, New York, NY.

Porterfield, K. (June 17, 2002). Caring for Traumatized Refugee Children: Identification, Advocacy, and Treatment. Traumatized Youth and Families: The Road to Recovery, Eighteenth Annual Manhattan Child and Adolescent Services Committee Conference, New York, NY.

Porterfield, K. (June 6, 2002). Psychological and Physical Consequences of Torture and Refugee Trauma. Presentation to Multicultural Integration Grantees, United States Department of State, New York, NY.

Porterfield, K. (May 29, 2002). An Integrated Treatment Approach of a Traumatized Rescue Worker from September 11<sup>th</sup>. Psychological Interns Seminar, Bellevue Hospital, New York, NY.

Porterfield, K. (May 20, 2002). Recognizing and Responding to Traumatized Children in Schools. Presentation for teachers/guidance counselors: Liberty High School, New York, NY.

Smith, H. & Porterfield, K. (April 9, 2002). Psychological and Physical Consequences of Torture and Refugee Trauma: Introduction to Clinical Issues, and Caring for Traumatized Refugee Children: Identification, Advocacy, and Treatment. Presentations at World Relief Conference on Refugee Mental Health, Boise, Idaho.

Porterfield, K. (February 15, 2002). Caring for Traumatized Refugee Children: Identification, Advocacy, and Treatment. Presentation for Interns and Post-doctoral Fellows: The NYU Child Study Center, New York, NY.

Porterfield, K. (January 25, 2002). Recognizing and Responding to Traumatized Children in Schools. Presentation for teachers/guidance counselors: Brooklyn International Middle School, Brooklyn, NY.

Porterfield, K. (January 16, 2002). Caring for Traumatized Refugee Children: Identification, Advocacy, and Treatment, Presentation for Child Life staff, Bellevue Hospital Center, New York, NY.

Porterfield, K. (November 19, 2001). Recognizing and Responding to Traumatized Children in Schools. Presentation for guidance counselors: Manhattan Comprehensive Day and Night School, New York, NY.

Porterfield, K. (October 13, 2001). Responding to Children's Needs in the Wake of the World Trade Center Attacks. Presentation for parents: St. Ignatius Loyola School, New York, NY.

Porterfield, K. (October 3, 2001). Recognizing and Responding to Traumatized Children in Schools. Presentation for teachers and staff: Brooklyn International High School, Brooklyn, NY.

Leviss, J. & Porterfield, K. (January 16, 2001). Working with Traumatized Refugee Populations: Medical and Psychological Considerations. Department of Community Medicine, St. Vincent's Hospital, New York, NY.

Porterfield, K. (January 8, 2001). Effects of Refugee Trauma on Children and Families. Metropolitan Hospital/Behavioral Health Services: Child and Adolescent Case Conference, New York, NY.

Porterfield, K. (November 17, 2000) Competencies that Social Workers Need to Enter the Field of International Social Welfare. Invited panel member, International Social Welfare Symposium, Columbia University School of Social Work, New York, NY.

Porterfield, K. and Leviss, J. (October 4, 2000). Recognizing and Responding to Refugee Trauma. Training at the Floating Hospital, New York, NY.

Keller, A. and Porterfield, K. (September 13, 2000). Psychological and Physical Consequences of Torture: Introduction to Clinical Issues. Training for Jamaica Clinic Staff, Queens, NY.

Porterfield, K. and Leviss, J. (August 2, 2000) Psychological and Physical Consequences of Torture: Introduction to Clinical Issues. Training for Ryan Health Center Mental Health Staff: New York, NY.

Porterfield, K. (July 13, 2000) Psychological and Physical Consequences of Torture: Introduction to Clinical Issues. Training at Coney Island Hospital Department of Behavioral Health, Brooklyn, NY.

Porterfield, K. (June 28, 2000, August 16, 2000) Working with Traumatized Refugees in Resettlement: Identification and Advocacy. Training for resettlement staff of Catholic Community Services, Newark, NJ.

Porterfield, K. (June 23, 2000). Recognizing and Responding to Traumatized Refugee Children and Families and Working with Language Interpreters. Presentations at Interfaith Refugee Ministry Conference: "Kosovar Albanians in Connecticut: Honoring the Past, Building for the Future," Waterbury, CT.

Porterfield, K. (June 8, 2000). Helping Your Child's Adjustment After War. Presentation to Kosovar Albanian parents at Yonkers Public Schools and Bilingual/ESL Department: Yonkers, NY.

Smith, H. and Porterfield, K. (May 13, 2000). Mental Health Needs of the Refugee Family. Presentation to Bosnian, Kosovar Albanian and Roma refugees, Bridge Refugee Services, Knoxville, TN.

Smith, H. and Porterfield, K. (May 12-13, 2000). Psychological and Physical Consequences of Torture and Recognizing and Responding to Traumatized Refugee Children in School. Presentations at Post-traumatic Stress Disorder Conference for Bridge Refugee and Sponsorship Services, Knoxville, TN.

Porterfield, K. (March 30, 2000). Caring for Traumatized Refugee Children: Identification, Advocacy, and Treatment and Recognizing and Responding to Traumatized Refugee Children in School. Presentations at Bellevue/NYU/Solace Conference: Refugee Resettlement: Therapeutic Factors and Interventions: New York, NY.

Porterfield, K. (March 22, 2000). Recognition of Trauma in Children and Practical Strategies for Helping Refugee Children in School. Presentation for Staff Development at Belleville School Number Four: Belleville, NJ.

Porterfield, K. (March 18, 2000). Introduction to Clinical Issues in Refugees Traumatized by War. Presentation to refugee community leaders, Lutheran Social Services, Fargo, North Dakota.

Porterfield, K. (March 16-17, 2000). Psychological and Physical Consequences of Torture, Recognizing and Responding to Traumatized Refugee Children, Helping the Refugee Family Heal, Secondary Traumatization and Burnout, Post-Traumatic Stress Disorder: Clinical Aspects of Working with Traumatized Refugees, and Working with Interpreters and Working Multiculturally, Presentations at Lutheran Social Services Conference: Building Bridges: From Newcomer to Citizen: Fargo, North Dakota.

Impalli, E, Porterfield, K., and Keller, A. (March 1, 2000). Clinical Assessment and Interventions with Survivors of Torture and Refugee Trauma. Presentation at Catholic Community Services: Newark, NJ.

Impalli, E. and Porterfield, K. (February 17, 2000). Therapeutic and Pragmatic Issues in Clinical Interviewing with Interpreters. Presentation at International Institute of New Jersey's Cross Cultural Counseling Center: Jersey City, NJ.

Keller, A. and Porterfield, K. (January 20, 2000). The Impact of Trauma on Refugee Children. Presentation at International Rescue Committee: New York, NY.

Porterfield, K. (December 16, 1999). Practical strategies for helping refugee children in school. In-service training for District 10 Guidance Counselors, Bronx, NY.

Porterfield, K, and Rolovic, S (November 16, 1999). The Unpredictable Nature of Trauma in Children: A Family-Based Approach to Working with Families from Kosovo. Presentation at the 1999 National ORR Conference: Resettlement Through the Eyes of a Refugee Child, Washington, DC.

Steinberg, D. and Porterfield, K. (June, 1999). Separation Anxiety and Panic in a Pre-Schooler: Assessment and Treatment. Presentation at Child and Adolescent Psychiatry Grand Rounds, New York University Medical Center, New York, NY.

Porterfield, K. (April, 1999). The Transition Towards Adolescence: Influences on Girls' Self-Feelings. Presentation to parents at Marymount Middle School, New York, NY.

Porterfield, K. (May, 1999). The Family Life Cycle: Marriage and Parenting. Presentation to parents at St. Ignatius Loyola Elementary School, New York, NY.

Porterfield, K. and Saldinger, A. (April, 1998). Child-Centered Parenting of the Parentally Bereaved Child. Presentation at the American Orthopsychiatry Conference: Washington, DC.

Porterfield, K. (May, 1998). The Family Life Cycle: Marriage and Parenting. Presentation to parents at St. Ignatius Loyola Elementary School, New York, NY.

Porterfield, K. (April, 1996). Divorce Groups for Children: The Parental Component. Presentation to the University Center for the Child and Family, Ann Arbor, MI.

Miller, J., Porterfield, K. and Litzenberger, B. (October, 1995). Psychotherapy with the Deaf and Hearing-Impaired. Presentation to the University Center for the Child and Family, Ann Arbor, MI.

Porterfield, K. (April, 1995) A Time-Limited, Problem-Focused Psychotherapy with and Eating-Disordered Adolescent. Presentation to the University Center for the Child and Family, Ann Arbor, MI



## **DECLARATION OF GEORGE W. WOODS, JR., M.D.**

I, George W. Woods, Jr., M.D., hereby declare the following:

### **Qualifications**

I am a physician licensed to practice in California, Louisiana, Michigan, Missouri, New York, Tennessee, Washington State, and Wyoming, with offices in San Francisco and Oakland, California. My clinical subspecialties are neuropsychiatry and Consultation Liaison Psychiatry, which is the study of psychiatric manifestations of medical diseases, and the assessment of neurodevelopmental disorders. In my clinical practice, I assess and treat persons with a variety of medical problems with psychiatric manifestations, including people with neurological disorders that manifest with psychiatric symptoms. I also have a civil and forensic practice.

I taught Clinical Aspects of Forensic Psychiatry and Introduction to Geriatric Psychiatry at Morehouse School of Medicine, Atlanta, Georgia from 2002 through 2016. I have been a lecturer at Berkeley Law – University of California, teaching Mental Health and the Law for 7 years.

I was appointed Medical Expert to the San Francisco District Attorney Post Conviction Unit Innocence Commission in 2020. I was President of the International Academy of Law and Mental Health from 2015 through 2017. I was recently reelected for a second 2-year term, starting in 2021. After completing my first 2-year term, I was asked to remain as Secretary General to help complete the association with the Institute of Ethics, Medicine, and Public Health at the Sorbonne, Paris, France.

I am a Life Fellow of the American Psychiatric Association, a member the American Psychological Association, the International Neuropsychological Society, and the American Association on Intellectual and Developmental Disabilities. I was the recipient of the 2018 Distinguished Alumnus for the University of Utah Medical Center, the first psychiatrist so honored. I also received the Historical Prize from the University of Milan in 2019.

I have written about the forensic assessment of neurodevelopmental disorders, race and cognition, cognitive impairment in the elderly, fetal alcohol spectrum disorder, trauma, and financial deception in elderly populations, among other topics. I have been qualified and have testified as an expert in numerous civil and criminal cases in state and federal courts. A copy of my *curriculum vitae* is attached hereto.

### **Referral Questions**

In 2013 at the request of counsel for Lisa Montgomery, I conducted a neuropsychiatric evaluation of Mrs. Montgomery, taking into account the complex

historical, developmental, psycho-social, and psychiatric data accumulated during the course of Mrs. Montgomery's case. At that time, I addressed questions regarding Mrs. Montgomery's capacity to appreciate the wrongfulness of her conduct or to conform her conduct to the requirements of law at the time of her crime, discussed how Mrs. Montgomery's neurobehavioral history was an important component of her social history, and discussed how Mrs. Montgomery's impairments and medications affect her ability to rationally assist her counsel prior to and during the trial as well as how her impairments and medications informed her demeanor at trial. My findings with regard to these referral questions are contained in my 2013 declaration and 2016 addendum.

Counsel have asked that I, now, respond to the following questions based on my clinical observations of Mrs. Montgomery and my knowledge of her life history, brain damage, and reported current level of functioning:

- **Based on your knowledge of Mrs. Montgomery's history as well as the reports of counsel regarding her current symptomology, is Mrs. Montgomery able to form a rational understanding of the State's rationale for her execution as required by *Ford v. Wainwright*, 477 U.S. 399 (1986)?**
- **How would an in-person evaluation of Mrs. Montgomery further inform or refine your opinions?**

### **Interviews and Summary of Materials Reviewed**

I previously met with Mrs. Montgomery in a private interview room at the BOP Carswell Medical Facility in Fort Worth on January 17, 2013, February 8, 2013, July 19, 2016 and August 31, 2016. My initial evaluation included clinical interviews, an assessment of her neurological status, and review of her biopsychosocial history and case related materials. I have not conducted additional clinical evaluation because of the strictures of the current COVID pandemic: I am 73 years of age and am considered at high risk of COVID-19 infection and at a much-heightened risk of complications from infection. I also have several underlying conditions in addition to my age which require me to be extra vigilant including that I am currently in treatment for prostate cancer which necessitates on-going immunosuppressant therapy. My doctor has ordered me not to travel due to my health concerns (regardless of the pandemic) for at least 4 months, depending upon potential effects of hormonal, antiandrogen, and immunotherapy.

In answering the current referral questions, I, again, reviewed extensive documents relating to Mrs. Montgomery's childhood, adolescence, and adulthood. These documents included diagnostic data in medical and psychiatric records, the biopsychosocial history, psychiatric, psychological, and neuropsychological assessments—including the up-to-date BOP mental health records, her medication

regimen, and other relevant materials. I also considered the reports of Mrs. Montgomery's counsel as to her current functioning. These are the kinds of sources of information relied upon by members of my profession in reaching an accurate assessment and providing answers to referral questions.

### **Clinical Formulation**

Mrs. Montgomery has significant neurologic deficits, including but not limited to cerebellar dysfunction, an important control mechanism of executive function, her ability to effectively weigh, deliberate, understand context, and respond to social cues. She also has mild atrophic changes in her brain and symptoms of motor dysfunction. These conditions do not ameliorate, though they may worsen, especially in new, novel, and stressful circumstances. Mrs. Montgomery also suffers from a severe affective mood disorder with psychosis. She demonstrates pervasive and enduring consequences of surviving intentional trauma so severe that it meets the World Health Organization criteria for torture, as well as meeting criteria for complex posttraumatic stress disorder and disorders of extreme stress (Briere & Spinazzola, 2005; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). These disorders interact synergistically and account for Mrs. Montgomery's vulnerable mood lability; history of loss of contact with reality; impaired working memory; judgment and insight; affective dysregulation; defective goal formation; and confusion.

Over time, Mrs. Montgomery's psychotic symptomology has been held at bay due to three interactive factors present in the conditions of her confinement within the BOP Federal Medical Center at Carswell: 1) a highly structured and predictable environment; 2) a stable community wherein she is largely surrounded by supportive female companions and where her exposure to the threat of sexual violence is greatly reduced; and 3) careful titration and monitoring of her regime of antipsychotic medications. Despite the management of her symptoms, her underlying conditions persist and—particularly as her environment changes—appear to have overcome the therapeutic effect of antipsychotic medication in the face of extreme stress. Psychiatric medication is not curative. Rather, psychiatric medication is one arrow in the quiver of possible abatement of symptoms. A person's historical vulnerability as well as the effectiveness of their environmental support are paramount in allowing medications to exert any modicum of control.

- Brain Impairments compromise Mrs. Montgomery's perception of reality.

Mrs. Montgomery's brain is compromised structurally and functionally. My clinical observations are supported by the reports of Drs. Gur and Nadkarni, as well as the neuropsychological data produced by Dr. Fucetola, which I have reviewed. Mrs. Montgomery demonstrates behaviors and symptoms associated with functional impairment of the cerebellum.<sup>1</sup> Schmahman et al have

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<sup>1</sup> Impaired cerebellar function is well recognized because of exposure to

documented the role of the cerebellum in controlling executive skills. Although initially considered a part of the brain controlling balance, with purely motor functions, the last 22 years have demonstrated the cerebellum to be a major cognitive mechanism for the control of nuanced executive functioning skills, particularly decision making, affective control, understanding context, and effective deliberation. Mrs. Montgomery's cerebellum has been found to be quantitatively and qualitatively impaired, providing significant vulnerability to her cognitive capacity.

Imaging of her brain reflects an overall loss of brain volume as well as a particular loss of tissue around the midline of her brain.<sup>2</sup> *See Gur Report*. Other structures that appear diminished are the basal forebrain, particularly the frontal right side of the frontal/parietal lobes and the superior parietal lobe. PET scans show her brain is hypermetabolic, particularly in the amygdala.<sup>3</sup> *Id.*

Mrs. Montgomery's brain impairment is a condition that cannot improve. Though additional trauma, injury, or aging may further compromise its functioning, the brain does not "repair" or heal from such losses. The portions of Mrs. Montgomery's brain that are impaired are early brain structures, which are fully developed early in a child's life. This is particularly seen in the hypermetabolic functioning of her amygdala—the center of the body's fear and stress responses

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alcohol. By all accounts, Mrs. Montgomery's mother drank excessively and frequently during her pregnancy. *Biopsychosocial*, p.35

<sup>2</sup> Mrs. Montgomery also has a history of head trauma. While her brain was still forming, Mrs. Montgomery sustained repeated head injuries during her stepfather's frequent sexual assaults during her teenaged years. Mrs. Montgomery's mother and stepfather subjected her to repeated blows on her head with their bare hands, fists, and objects during her childhood. Additionally, Mrs. Montgomery's half-brother reported that he threw a size D battery at her that struck her "square in the back of the head. She went down like a crushed rag doll." *Biopsychosocial* p. 92. She was taken to the emergency room for treatment. *Id.* Later, she suffered multiple motor vehicle accidents in which she hit her head, including more than one where she was unrestrained and hit her head on the windshield, on two occasions she suffered headache and impaired memory. *Fucetola Report*.

<sup>3</sup> As discussed, below, hyperactivation of the amygdala is consistent with both compensatory activation because of brain loss and consistent with chronic post-traumatic stress disorder. Further, it appears that in addition to the insult in utero, and the history of head injuries, Mrs. Montgomery's brain was genetically predisposed to functional deterioration in new, novel, and stressful circumstances. Medical, pediatric, psychiatric, and education records and descriptions by first degree and extended family members—on both sides of her family—document a lengthy history of genetic vulnerability to psychiatric and neurologic impairment and functional degradation secondary to Mrs. Montgomery's genetic/neurological foundation.

that is also pivotal in the workings of memory. Erosion or sheering of brain tissue occurred, resulting in a loss of brain volume, particularly in midline of her brain and in the parietal region—which is critical for the processing of sensory information and accurate perceptions of reality. While imaging reveals the quantifiable, structural defects, Mrs. Montgomery’s behaviors reflect these brain losses, including her impulsivity and vulnerability to cognitive deterioration and psychotic disorganization.

Mrs. Montgomery’s functioning has maintained a baseline in prison despite her brain condition, in large part to the simplification of the demands of daily life created by the structure of the prison environment. Without the requirements to work in the public sector, care for her children, or provide for her necessities, Mrs. Montgomery has eventually, with significant reinforcement and initial titration of both environment and medication, been able to achieve minimal daily functioning—including being able to perform a prison job (doing laundry, floors, emptying trash cans), and to participate in prison activities (educational and recreation classes, pod-games, craft activities). However, the ameliorative effect of this structure has been vitiated by removing her from her pod and placing her on suicide watch without access to her coping mechanisms (music, hand-crafts, etc.). Further, the stress inherent in her impending execution, combined with the added stress of anticipation of her transport to another facility, appears to have exposed her brain’s vulnerability, causing a recurrence of well-documented psychosis and impaired decision-making functioning.

- Complex Post Traumatic Stress Disorder disrupts Mrs. Montgomery’s integration of consciousness, self-perception, memory, and actions

Mrs. Montgomery was subjected to chronic, repetitive, and extreme sexual violence, emotional cruelty, and life-threatening physical assault as a child at the hands of those who should have protected her from harm.<sup>4</sup> She has historically exhibited the behaviors and symptoms, including psychosis, learned helplessness, anticipatory anxiety, and dissociation: symptoms of those sufferers of severe sexual and emotional abuse in childhood who subsequently develop complex post-traumatic stress disorder. Because Mrs. Montgomery also suffers from a mood disorder, her symptoms are both part of her bipolar disorder and her impaired brain function, yet are also trauma based. Ultimately it is unnecessary to tease apart the etiology of her psychosis: it is the psychosis itself that is at issue in her competency to be executed.

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<sup>4</sup> My interview of Mrs. Montgomery confirmed much of the most traumatic information regarding direct physical and sexual harm to her that is contained in the Biopsychosocial evaluation. While I rely on the BPS for historical context and supporting documentation, my clinical impressions are based on my interview of Mrs. Montgomery and further supported by the work of Dr. Katherine Porterfield, psychologist specializing in victims of torture. *Porterfield Report*.

Historically, Mrs. Montgomery has experienced repeated, discreet episodes of psychotic symptomatology such as visual, tactile, and auditory hallucinations. She has also experienced sustained, chronic loss of contact with reality that is more severe than dissociation associated with post-traumatic stress disorder and is more aligned with the severe impediment associated with Traumatic Psychosis. The Diagnostic and Statistical Manual-5<sup>th</sup> Edition(DSM5) supports the psychosis secondary to extreme trauma. She has extreme perceptual distortions wherein she is unable to determine if she is experiencing “real” events and situations or if her experiences are unreal and not occurring. This inability to recognize reality affects her judgment and insight and has, at times, denied her a rational understanding of events around her. She is more vulnerable to this impairment in rational understanding due to her cognitive deficits.

Mrs. Montgomery also experiences well documented symptoms of trauma, including re-experiencing the trauma, avoidance and emotional numbing, and hyper-arousal. She has flashbacks and intrusive memories in which traumatic events are happening all over again, even when she is awake. She re-experiences physical sensations associated with maltreatment such as choking and being unable to breathe or cry. She becomes distressed when she is exposed to cues that symbolize the trauma, such as her fear of men and emotions associated with the trauma like lack of trust. She consciously and unconsciously avoids any thoughts, conversations, and activities that arouse recollections of the trauma. She is often socially withdrawn and detached from events around her. She compulsively relies on hand crafts such as tatting to ward off intrusive thoughts. She is unable to recall important aspects of trauma she survived, consistent with her deficits in amygdala functioning.

The hallmark and core symptom of the extreme trauma Mrs. Montgomery survived is her loss of contact with reality. Her symptoms are much more consistent with torture, and the necessary emotional and cognitive protection a loss of contact with reality provides to those being tortured. She experiences “a disruption in the integration of consciousness, self-perception, memory, and actions.” *Istanbul Protocol*, paragraph 244. Such cognitive dissociation is also defined as: “The exclusion from consciousness and the inaccessibility of voluntary recall of mental events, singly, or in clusters, of varying degrees of complexity, such as memories, sensation, feelings or attitudes.” Spiegel et al, *Dissociation: Culture, Mind, Body*; American Psychiatric Press, 1994, page 60.

Medication masked many of Mrs. Montgomery’s more superficial symptoms of common trauma, but prior to an appropriate medication regimen first initiated at the Federal Medical Center at Carswell (BOP) after her trial, she was irritable and experienced outbursts of anger, she was unable to concentrate, she was hypervigilant, she suffered generalized anxiety, and she demonstrated physiological signs of distress (shortness of breath, sweating, dry mouth, dizziness, and gastrointestinal distress). Mrs. Montgomery has improved while taking antipsychotic medications. She described the effect of this potent medication as

organizing, allowing her to complete tasks and to recall more effectively. She is better able to maintain a reality base. This pharmacologic response is a good indication of antipsychotic response, rendering her more constantly in touch with reality.

Despite Risperdal's success in controlling Mrs. Montgomery's psychotic symptomology while she was in a supportive environment, medication alone cannot be expected to prevent flashbacks, re-experiencing, dissociation, and psychosis in the face of new-and ultimate- trauma, that which she feared for so many years, starting so young. Where Mrs. Montgomery's close association with the women of her pod previously provided support and helped her stay grounded in reality, the loss of that community withdraws the most important additional layer of support, an environment she could trust to be stable, consistent, and caring. From the BOP records of her current conditions of confinement, it is apparent that Mrs. Montgomery is now encountering many of the components of her prior torture, that is, isolation, loss of bodily autonomy, exposure to constant surveillance, and threat of impending death. In the face of such existential stress, medication, alone, does not prevent her from being recapitulated into psychosis.

Given these conditions, Mrs. Montgomery's lawyers unsurprisingly report a reemergence of psychotic symptomology since Mrs. Montgomery's placement on death watch. Mrs. Montgomery has admitted to auditory hallucinations, specifically repeatedly hearing her dead mother's voice. She is having nightmares she cannot recount because they are too terrifying. She endorses extreme dissociative symptomology: multiple episodes of lapses of time, feeling outside herself, and the sensation of existing in a house in her mind like the one to which she went while being raped as a teenager. She believes she has received messages from God in a dot-to-dot drawing that she was provided by the BOP. Finally, Mrs. Montgomery appears to have lost contact with reality, believing that the BOP psychologist, specifically a Dr. Opresso, suggested that she should kill herself in order to "fuck with the government." Mrs. Montgomery's claim is not supported by Dr. Opresso's clinical notes and certainly is inconsistent with any acceptable clinical practice.

- Affective Mood Disorder further compromises Mrs. Montgomery's rationality

The course of Ms. Montgomery's behavior and symptomology also meets criteria for Bipolar I Disorder, Most Recent Episode Depressed, Severe with Psychotic Features. She has demonstrated mood lability, impulsive judgment, disinhibition, depressive episodes, persecutory delusions, irritability, agitation, euphoria during manic and hypo manic episodes, and visual and auditory hallucinations. As stated, above, she has such a strong propensity for loss of reality, it is her baseline state. Though she carried the diagnosis of bipolar disorder throughout much of her incarceration, the BOP determined that this condition "resolved" on August 14, 2014, following the successful resection of her thyroid. Treatment on mood stabilizers such as Levo-Thyroxine, Amytriptiline (technically used for cardiac stabilization, yet it is a

Tricyclic antidepressant), and Mirtazepine, was much less successful than on the atypical antipsychotic Risperdal. Mrs. Montgomery's failed antidepressant trial support a diagnosis of Bipolar Disorder. Antidepressants are known to initiate the "manic switch," an elevation of mood with irritability, impaired judgment, and other hypomanic and manic symptoms. Her Thyroid disease and treatment, rather than ameliorating her Bipolar Disorder, as discussed in her 2017 BOP records, actually supports a diagnosis of Bipolar Disorder. Thyroid dysfunction is common in mood disorders and L-thyroxine, a thyroid replacement hormone, is used in the stabilization of mood disorders, especially Bipolar Disorder.

As with the expected effect of her brain impairments and her trauma history, Mrs. Montgomery's symptoms of cognitive impairment and mental illness have resurfaced with the withdrawal of therapeutic supports and in the face of extreme stress.

### **Conclusions**

Mrs. Montgomery has a long-standing history of serious brain impairments, exposure to extreme trauma consistent with torture, affective mood disorder, and psychosis. These disorders have interacted synergistically and have historically accounted for Mrs. Montgomery's mood lability; loss of contact with reality, which in its mildest form is dissociation and in its most extreme form is psychosis; and impaired memory, judgment, insight, and cognition. Prior to her incarceration, the interplay and severity of these multiple impairments resulted in her inability to perform basic activities of daily life, to care for herself or her family, and to act rationally and logically. She has dysfunction in her neurological systems, including her motor functioning, significant attentional problems, limbic dysfunction, memory, and visual dysfunction. These symptoms affect her behavior at all times, disrupting her ability to function normally.

Within the prison context, Mrs. Montgomery has found some relief from the most severe symptoms of psychosis. The introduction of the antipsychotic medication, risperidone, in 2009, accounts for some of—but not all—the improvement in her functioning. In addition to finding a medication that addresses some of the symptoms of Mrs. Montgomery's thought disorder, the absence of sexual threat and the presence of a supportive community around Mrs. Montgomery in the admin unit, comprised of a relatively small, set group of women as well as the highly repetitive and unchallenging tasks with which she occupies her time, also have accounted to the greatest degree for her ability to remain largely in contact with reality. The effect of medication and supports on Mrs. Montgomery's function is best conceived as a net providing a safer context that has allowed her to function more successfully, but neither the supportive environment nor the medication has changed her underlying condition.

It is my understanding that Mrs. Montgomery's context changed dramatically on October 16, 2020 with the warden's reading of her execution warrant. The documents



provided by the BOP specify that since that time she has been confined almost exclusively (except for showers and, since December 3, 2020, for 5 hours of outdoor recreation a week) to a suicide cell—cut off from her community as well as from her normal activities (laundry, handicrafts, regular exercise, access to her Mp3 player, etc.). The records reflect a high degree of observation—guards recording her activities on 15-minute interval throughout the day and night, including observation when she showers and toilets. Her sleep has been disrupted, both by the continuous lighting of her cell, and by the withholding of her C-pap machine. Initially her sense of bodily integrity was violated through the withholding of clothing and undergarments.<sup>5</sup> Mrs. Montgomery’s environmental support protected her fragile mental state. Medications could not provide the emotional and cognitive underpinnings to maintain her reality-based functioning. Such actions as the involuntary removal of her wedding ring only reinforced the trauma she had suffered, and she is now reexperiencing. Whatever the intended therapeutic or safety purpose of these interventions, their effect on Mrs. Montgomery was to remove the supports that have allowed her to maintain a fragile hold on reality.

Since that time, it appears that Mrs. Montgomery psychotic symptomology has begun to break through. She is experiencing extreme dissociative symptoms as well as hallucinations. Both dissociation and hallucinations undermine perceptions of reality, depriving those who suffer such symptoms of rationality.

**My answers to the referral questions are as follows:**

- **Based on your knowledge of Mrs. Montgomery’s history as well as the reports of counsel regarding her current symptomology, is Mrs. Montgomery able to form a rational understanding of the State’s rationale for her execution as required by *Ford v. Wainwright*, 477 U.S. 399 (1986)?**

In my professional opinion, which I hold to a reasonable degree of psychiatric certainty, Lisa Montgomery is unable to rationally understand the government’s rationale for her execution as required by *Ford v. Wainwright*, 477 U.S. 399 (1986). Mrs. Montgomery’s grasp of reality has always been tenuous: medication and the stable, supportive environment of her confinement over the past decade have allowed her to appear psychologically intact, though her baseline perceptions of reality are always distorted due to her brain impairments and trauma history. Mrs. Montgomery’s attorney’s observations—limited though they are—indicate that Mrs. Montgomery is further disconnected from reality, precluding a “rational understanding” of “the State’s rationale for [her] execution.” *Panetti v. Quaterman*, 551 U.S. 930, 958-59 (2007).

- **How would an in-person evaluation of Mrs. Montgomery further**

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<sup>5</sup> BOP records reflect she was again provided prison-issue clothing on November 23, 2020.

**inform or refine your opinions?**

Mrs. Montgomery's impairments cause symptoms that, by their very nature, are highly individual, based on her history, and require both clinical experience with psychosis and an in-depth understanding of the subject. Some psychosis is florid and readily recognizable even by lay people—however in the past, Mrs. Montgomery's psychosis has been largely marked by negative symptomology rather than more overt manifestations. Mrs. Montgomery's problems with perception frequently manifest as staring, lengthy pauses, and a distant affect. Whether and when her baseline dissociation crosses the line into a true disconnect with reality almost inevitably evades detection by phone and requires a person-to-person clinical interview, where nuanced physical and emotional cues can be recognized, probed, and placed in proper perspective. Zoom interviews are limited in their ability to pick up all but the most obvious psychiatric symptoms. They also do not allow a physical examination, which would be helpful in determining deterioration of executive functioning anatomy. While the symptoms reported by counsel indicate that Mrs. Montgomery has decompensated such that she is experiencing positive symptoms of psychosis (hearing voices and perceiving events not based in reality), an in-person forensic evaluation of Mrs. Montgomery would allow me to present a more complete picture of the ways in which her impairments render her incompetent under *Ford*.

I declare under penalty of perjury that the above is true and correct this 8<sup>th</sup> day of January, 2021.

A handwritten signature in black ink, appearing to read 'George W. Woods, Jr.', is written over a horizontal line.

George W. Woods, Jr., M.D.

**G**  
**WW** GEORGE W. WOODS, JR., M.D., L.F.A.P.A.  
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## Curriculum Vitae

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Oakland, California 94610

## Education

- 1981-1982**     **American Psychiatric Association/National Institute of Mental Health Fellowship**  
Pacific Medical Center, Geriatric Psychopharmacology, San Francisco, California
- 1981**            **Residency** — Psychiatric - Pacific Medical Center, San Francisco, California
- 1977-1978**     **Internship** — Medical/Surgical, Highland Hospital, Oakland, California
- 1977**            **M.D.** — University of Utah, Salt Lake City, Utah
- 1969**            **B.A.** — Westminster College, Salt Lake City, Utah

## Leadership

- 2020            Chief Medical Officer, Crestwood Behavioral Health
- 2020            Stanford Health Care University Health Alliance Medical Disparities Task Force
- 2020            San Francisco District Attorney Post Conviction Unit/Innocence Committee
- 2020            Board of Directors, QB Technology Partners LLC
- 2020            Board of Directors, Cal-PEP
- 2019            Governing Board Member, Stanford University Health Alliance (MSSP) Accountable Care Organization, LLC.
- 2019            President-Elect, International Academy of Law and Mental Health(2<sup>nd</sup>

	Term), Montreal, Canada
2018	Board of Directors, GlobalPress Institute, Washington, DC
2017	Secretary General, International Academy of Law and Mental Health, during the amalgamation with the Institute of Ethics, Medicine, and Public Health at the Sorbonne, Paris, France
2016 -2018	Associate Editor, Journal of Policy and Practice in Intellectual Disabilities
2016-2018	Deputy Chairperson, International Association for the Specialized Study of Intellectual and Developmental Disabilities, Special Interest Research Group(SIRG)
2015-2017	President, International Academy of Law and Mental Health
2013	President Elect, International Academy of Law and Mental Health
2009-2013	Secretary General, International Academy of Law and Mental Health
1982	Chief Resident, Pacific Medical Center, San Francisco, California
1969	Student Body President, Westminster College, Salt Lake City, Utah

## **Licenses & Certifications**

2018	Licensed Physician in California, Missouri, Washington State, New York, Tennessee, Louisiana, Arizona, Wyoming, Illinois
2014	Certified International Association for the Scientific Study of Intellectual and Developmental Disorders Academy (IASSDD) Academy Instructor
2008	Certified Mediation Specialist, California State University, Sacramento, California
2004-2005	Interim License, Zanzibar Revolutionary Government
1992	Certified by the American Board of Psychiatry and Neurology
1979	Licensed Physician in California

## **Honors**

2019	Historical Prixe, University of Milan, Italy
2019	President-Elect, International Academy of Law and Mental Health(2 <sup>nd</sup> Term)

2018	Distinguished Alumnus, University of Utah Medical Center
2017	Life Fellow of the American Psychiatric Association
2017	Secretary General, International Academy of Law and Mental Health
2015	President, International Academy of Law and Mental Health
2013	Keynote Speaker, Tenth Anniversary of the San Francisco Behavioral Health Court
2013	Vice President/President Elect, International Academy of Law and Mental Health
2009-2012	Secretary General, International Academy of Law and Mental Health
2009	Co-Chair, International Academy of Law and Mental Health Congress, New York University Law School
2007	Co-Chair, International Academy of Law and Mental Health Congress, University of Padua, Padua, Italy
2007	Executive Committee, International Academy of Law and Mental Health
1993	Outstanding Professor Award, Goodrich Program, Department of Public Policy, University of Nebraska at Omaha
1992	National Medical Enterprises' Outstanding Medical Director of Psychiatric, Rehabilitation and Recovery Hospitals
1992	Chief of Staff Award for Outstanding Service, East Bay Hospital, Richmond, CA

## **Faculty and Professional Appointments**

2012-present	Lecturer, University of California Berkeley School of Law
2012	Newsletter Editor, Challenging Behaviors Special Interest Research Group, International Association for the Scientific Study of Intellectual Disabilities
2008	Secretary, American Psychiatric Association's Africa Action Committee
2003	Adjunct Professor, California State University, Sacramento, Department of Educational Leadership and Public Policy, Sacramento, California
2002-2016	Adjunct Professor, Morehouse School of Medicine, Department of Psychiatry

1999-2004	Affiliate Professor, University of Washington, Bothell Campus
1996-2000	Adjunct Professor, University of California, Davis, Department of Psychiatry, Forensic Fellowship
1992	Summer Faculty, North Central Educational Research Laboratory, Northeastern University
1986-2002	Adjunct Professor, University of Nebraska, Omaha, College of Public Affairs

## **Advisory Boards**

2019	CMS/Stanford University Medicare Accountable Care Organization Board
2019	BetterManager.us
2018	Roots Medical Clinics, Oakland, California
2016	Marsh Clinics, Oakland, California
2013	International Association of Trauma Professionals
2013	Celebrating a Decade of Behavioral Health Court, San Francisco, California, Honorary Committee
2012	Executive Committee, Challenging Behaviors Special Interest Research Group, International Association for the Scientific Study of Intellectual Disabilities
2006-present	Executive Committee, International Academy of Law and Mental Health
2004-2007	Advisory Board, Health Law Institute, DePaul University, College of Law
2004-present	Advisory Board, Human Dignity & Humiliation Studies, University of Trondheim, Norway
2004-2010	Board of Directors, The Center for African Peace and Conflict Resolution, College of Health and Human Services, California State University, Sacramento
2003-present	International Board of Directors, International Academy of Law & Mental Health

## Professional Affiliations

International Neuropsychological Society, American Academy of Psychiatry and the Law, International Association for the Scientific Study of Intellectual Disabilities, Northern California Psychiatric Society, American Society of Addiction Medicine, American Psychiatric Association, Black Psychiatrists of America, American Neuropsychiatric Association, American Psychological Association, American Association for Intellectual and Developmental Disabilities

## Clinical Experience & Consultation

2020	Alameda Contra Costa Medical Association, Health Committee
2020	Pandemic Resource Committee, Crestwood Behavioral Health
2018	Senior Consultant, Crestwood Behavioral Health
2018	Training Evaluation Panel, Alameda County Behavioral Health Care
1983-present	Individual private practice, Bay Area, California
2016	San Francisco Police Department Crisis Intervention Training (SFPD CIT): The Brain
2015	SFPD CIT: Substance Abuse
2015	SFPD CIT: The Adolescent Brain and Cognition: Slow Down and Watch
2015	SFPD CIT: The Developing Brain
2015	Criminal Justice and Mental Health Reform. San Francisco Collaborative Courts, Collaborative Courts Training Series
2015	Complex Trauma: Effects and Intervention. San Francisco Collaborative Courts, Collaborative Courts Training Series
2014	Undoing the Damage: The Mental Health and Criminal Justice Tragedy. San Francisco Collaborative Courts, Collaborative Courts Training Series
2014	The Constitutional Implications of Ebola: Civil Liberties & Civil Rights in Times of Health Crises, University of California, Irvine Law School
2014	SFPD CIT: The Adolescent and Geriatric Brains, More Alike Than Different?
2014	Moderator; The Easy Read Project: An Investigation into the Accessibility Value of Health-based "Easy Read" Literature; Television Viewing Habits and Preferences of

	Adults and Young People with Intellectual Disability: A Survey Using a Talking Mats Questionnaire; Effectiveness of Computer-Based Simulations on Learning of Social and Communication Skills by Children with IDD and ASD; Social Media and Intellectual Disabilities: IASSID European Regional Congress, Vienna
2014	Risk Assessment in Neurodevelopmental Disorders, IASSID European Regional Congress, Vienna
2013	Task Force on Determination of Intellectual Disability for the Courts, American Association for Individuals with Intellectual Disabilities
2011	San Francisco Police Department Crisis Intervention Training (CIT): Suicide Assessment, Mood Disorders, Thought Disorders, and Personality Disorders
2010	Task Force on Mental Retardation and Forensic Practice, American Association for Individuals with Intellectual Disabilities
2006-2009	Projects Among African Americans To Explore Risks for Schizophrenia (PAARTNERS), Consensus Diagnosis Group, Minority Mental Health Research Group, Department of Psychiatry, Morehouse School of Medicine, Atlanta, Georgia
2006	National Consortium on Disaster Response for the Poor and Underserved, Developmental Task Force for the Minority Mental Health Professions Foundation, Atlanta, Georgia
2006	Georgia Congressional Representative Cynthia McKinney's Post-Katrina Working Task Force
1998-2004	Consultant to the Board of Directors, Crestwood Behavioral Health Systems, Stockton, California
1994-1996	Senior Consulting Addictionologist, New Beginnings Programs, San Ramon and Pinole, California
1988-1996	Individual Private Practice, Pinole, California
1994-1995	Chemical Dependency Consultant, Physicians' Advisory Committee, Alameda Contra Costa Medical Association
1990-1995	Consultant, Insomnia Division of the Sleep Disorders Center, Doctors Hospital, Pinole, California
1992-1994	Qualified Medical Examiner, Industrial Medical Council, State of California
1990-1994	Medical Director, Pain Management Program, Doctors Hospital, Pinole, California
1991-1993	Psychiatric/Pharmacologic Consultant, Triumph Over Pain (TOP Program), Kentfield Rehabilitation Hospital, Kentfield, California



1991-1993	Psychiatric Consultation, NeuroCare Corporation, Concord, California
1989-1994	Clinical Director, New Beginnings Chemical Dependency Program, Doctors Hospital, Pinole, California
1988-1993	Private Practice, Comprehensive Psychiatric Services, Walnut Creek 1983-1990: Staff Psychiatrist, Crestwood Manor, Vallejo, California
1982-1983	Medical Director, Westside Geriatric Services of Family Service Agency of San Francisco
1982-1983	Staff Psychiatrist, Villa Fairmount Psychiatric Facility, San Leandro, California
1981-1982	Assistant Director of the Inpatient Center, Director of Geriatric Services, Pacific Medical Center, San Francisco, California
1980-1981	Medical Director, Clinica De La Raza, Blythe, California
1979-1981	Emergency Room Physician, Medical Emergency Services, Fairmount Hospital, San Leandro, California

## **International Clinical Experience & Consultations**

2017	Cognitive Factors to Financial Crime Victimization: International Academy of Mental Health, Prague
2017	From the Profession: First Concepts, Stigma, and Science. Punjab Judicial Conference, Lahore High Court and Supreme Court, Lahore, Pakistan
2017	From the Profession: First Concepts, Social History, The Mental Status Examination. Punjab Judicial Conference, Lahore, Pakistan
2016	Cultural Implications of Utilizing and Developing Neuropsychological and Intelligence Instruments. United Nations Human Rights Commission, Zomba, Malawi
2015	Neurodevelopmental Disorders: Training for Clinicians. Zomba Mental Hospital, Zomba, Malawi
2006-2008	Adjunct Professor, Makerere University, Dept. of Psychiatry, Kampala, Uganda
2006-present	Human Rights Committee, International Academy of Law and Mental Health, Montreal, Quebec, Canada
2006	Visiting Staff Psychiatrist, Butabika National Hospital, Kampala, Uganda
2004	Clinical Consultant, Kidongo Chekundu Mental Hospital, Zanzibar, Tanzania

2004	Scientific Committee, International Academy of Law and Mental Health
1998-2004	Technical Advisor, Documentation Committee, Operation Recovery, Kenya Medical Association
1999-2003	Advisor - the Jomo Kenyatta National Hospital, PTSD Project, Nairobi, Kenya
1998-2003	Technical Advisor- Recovery Services, Ministry of Health, United Republic of Tanzania

## Clinical Lectures

2020	Timeless Leadership: Growth Decade by Decade: LeadLiveNow.com
2020	Flu/Covid-19 Combination: What are we in for? Crestwood Medical Directors' Meeting
2020	Mental Health During Quarantine, New Life Community Church, Oakland
2020	Post-incarceration, unsheltered, and homeless populations during the Pandemic. Roots Medical Center
2020	Resilience of Leaders in the Time of Corona-19. BetterManagers.us
2020	Unequal Protection: The Disparate Impact of COVID-19 on Communities of Color: American Constitution Society
2020	Neuropsychiatric Aspects of Physical Disease, California Association of Health Facilities
2020	Neuropsychiatry and Behavior as Symptoms, Crestwood Behavioral Health
2019	The Future of Mental Health, Crestwood Behavioral Health
2019	Public Health and Public Safety-San Francisco Economic Forum
2019	Intellectual Disability, Cognitive Deficits, Substance Abuse, University of Capetown, South Africa
2019	Uncertain Times, Changing Technology, and the Anxious Workplace: Strategies to Help Employees and Employers Cope: Practicing Law Institute, Psychological Issues in Employment Law 2019

2019	Trauma, Policing, and The Thirteenth Amendment: The Long Arc to Freedom, The Legacy of Slavery
2019	Elimination of Bias in the Legal Profession: Mental and Emotional Health: Morrison and Foerster, LLP
2018	Healing the Wounds of Slavery: Towards Mutual Recovery, What Are the Most Significant Questions That We should Ask in Order to Learn from Dehumanizing Tragedies in World History. UNESCO, Georgetown University, Washington, DC
2018	Aging and Law Practice. 50 <sup>th</sup> Anniversary of Berkeley Law School Class of 1968
2018	Psychiatry, Game Theory, and Language: A Beautiful Mind? The San Francisco Economic Roundtable
2017	Inside the Hateful Mind, The University of California Law School, Irvine
2017	Criminal Law and Mental Illness: The Rising Significance of Neuroscience in the Courts, American Psychological Association Pre-Conference Training, Washington
2017	Neuropsychiatric Aspects of Physical Disease, San Francisco Economic Round Table
2017	Culture, Science, and Justice: People of Color and the Mentally Ill as the Canaries in our Toxic Mental Health and Mass Incarceration System; Dignifying Madness: Civil Commitment, Disability Rights, and Mass Incarceration: A Symposium at UC Berkeley School of Law
2016	United States Congressional Briefing: Gun Violence and Trauma, Washington, DC
2016:	Culture, Science, and Justice: Hampton University, Hampton, Virginia
2016	Alcohol Related Neurodevelopmental Disorders: An Update on Diagnosis, Assessment, and Treatment, International Association for the Specialized Study of Intellectual and Developmental Disorders (IASSIDD), Melbourne, Australia
2016	Children and Adolescents with Developmental Disorders; International Association for the Specialized Study of Intellectual and Developmental Disorders (IASSIDD), Melbourne, Australia
2016	Psychiatric Conditions and Developmental Disabilities (Epilepsy, 22q11.2 Deletion Syndrome, Potoki-Lupski Duplication Syndrome) (Moderator): International Association for the Specialized Study of Intellectual and Developmental Disorders (IASSIDD) Melbourne, Australia
2016	Aging and Cognition in Prisoners with Intellectual and Developmental Disabilities (Workshop): International Association for the Specialized Study of Intellectual and Developmental Disorders (IASSIDD), Melbourne, Australia

- 2016 Justice for The Mentally Ill: The ABA Criminal Justice Mental Health Standards. Disclosing Danger and Other Real-World Issues. The American Bar Association and UC Hastings Constitutional Law Quarterly and Race and Poverty Law Journal
- 2015 Moderator, Women & Mass Incarceration: The U.S. Crisis of Women and Girls Behind Bars. Bad Science. The University of California Law School, Irvine
- 2015 Neurobehavioral Assessment: Malawi Human Rights Commission
- 2014 Adolescents and the Elderly; More Alike Than You Would Expect. San Francisco Police Department Crisis Intervention Training
- 2014 Bipolar Disorder in Pregnancy: Meena Kumari, MD: George Woods, MD, Faculty Discussant
- 2013 High Prevalence of Brain Pathology in Violent Prisoners: A Qualitative CT and MRI Scan Study: Journal Club, Racquel Reid, MD, George Woods, MD, Faculty Panel
- 2013 Medical disorders that masquerade as psychiatric disorders. International Academy of Law and Mental Health, Amsterdam, Netherlands
- 2013 Does Policy Drive Science? University of California, Berkeley, Integrative Biology
- 2013 Understanding Combat-Related Post-Traumatic Stress Disorder: Andrea Brownridge, M.D., J.D.; George Woods, M.D., Faculty Discussant
- 2012 Neurobiological Effects of Trauma: DC Criminal Superior Court, Third Annual Criminal Justice Conference, Mental Illness & Treatment: Past Present & Future
- 2012 Neurodevelopmental Disorders: International Association for the Scientific Study of Intellectual Disorders, Halifax, Nova Scotia
- 2012 Diabetes and Weight Control, Moderator: International Association for the Scientific Study of Intellectual Disorders, Halifax, Nova Scotia
- 2012 Health Inequalities in Developmental Disabilities, Moderator: International Association for the Scientific Study of Intellectual Disorders. Halifax, Nova Scotia
- 2012 The Neurobiology of Trauma: San Francisco YWCA Intern Training
- 2011 Mood and Thought Disorders in Crisis Intervention: San Francisco County Sheriff's Crisis Intervention Training, San Francisco, California
- 2011 Fetal Alcohol Spectrum Disorders and the Criminal Justice System, National Press Club, Washington, D.C.
- 2011 The Epidemiology of Medicalization of Prisoners in the United States, International Academy of Law and Mental Health, Berlin, Germany

2011	Intellectual Disability and Fetal Alcohol Spectrum Disorder: International Academy of Law and Mental Health, Berlin, Germany
2011	Neuronal Plasticity: Cognitive Skills Retraining for students with Acquired Brain Injuries or Learning disabilities. College of Alameda, Alameda, California
2011	The Neurobiology of Trauma in Children: Lessons About Early Childhood; Families First, Atlanta, Georgia
2010	From the Plantations/Asylums to the Prisons: The Relationship between Humiliation, Stigma, Economics and Correctional Care for the Mentally Ill; Columbia University, Teachers College, New York
2010	Workshop on Transforming Humiliation and Violent Conflict representing the 16 <sup>th</sup> Annual Human DHS Conference and the Seventh Workshop on Humiliation and Violent Conflict, Columbia University, Teachers College, New York
2010	Applying the Institute of Medicine Quality Chasm Framework to Improving Health Care for Mental and Substance Use Conditions; Morehouse School of Medicine, Department of Psychiatry, Journal Club
2010	Psychiatric Manifestations of Physical Disease. Morehouse School of Medicine, Department of Family Practice, Atlanta, Georgia
2009	Sleep Disorders in Psychiatric Practice: Morehouse School of Medicine, Department of Psychiatry, Atlanta, Georgia
2008	Moderator: The Impact of Mental Health Issues on Aging, Particularly as It Relates to Alzheimer's Dementia and Parkinson Disease, National Medical Association, Atlanta, Georgia
2008	Aging and Mental Health: What Is Wellness and What Is Pathology? National Medical Association, Atlanta, Georgia
2007	The Price of Leadership and the Cost of Success: Urban Leadership Program, Graduate School of Educational Leadership and Public Policy, California State University, Sacramento
2007	Cognitive Assessment and Curriculum, Department of Educational Policy, Urban Leadership Program, Graduate School of Educational Leadership and Public Policy, California State University, Sacramento
2007	Complex Disorders of Trauma and Torture: The Neurological Bases Examined Through Sleep Disorders, Padua, Italy
2006	Clinical Aspects of Forensic Evaluation, Makerere University, Department of

2006	Psychiatry, Kampala, Uganda Memory, Medications, and Aging, Crockett, California Women's Club
2006	Cultural Differences: Ethics or Efficacy, Mental Health, Ethics and Social Policy, University of Montreal, Quebec, Canada
2006	An Update on Memory Function, Grand Rounds, Morehouse School of Medicine, Atlanta, Georgia
2006	Moderator & Respondent (Representing Morehouse School of Medicine) Consortium for the Poor and Under-Served Cultural Factors, DePaul University School of Law and Health, Health Law Institute
2005	Constitutional Theory and Medical Rights, Montreal, Quebec, Canada
2005	Medical Diseases with Psychiatric Manifestations: Morrison and Foerster, LLP
2004	Diagnosis and Treatment of Malaria-Induced Altered Mental States: Kidongo Chekundo Mental Hospital, Zanzibar, Tanzania
2003	Law, Mental Health & Popular Culture: University of San Francisco College of Law
2003	Accommodating Mental Illness in the Workplace: The 28th International Conference, International Academy of Law and Mental Illness, Sydney, Australia
2002	Cultural & Psycho-Biological Factors In the Assessment & Treatment of Trauma: Don't Believe Everything You Think, The Trauma Recovery Institute, West Virginia
2002	Trauma, Recovery and Resiliency, University of Washington, Bothell
2001	Understanding the Relationship Between Neuroimaging, Neuropsychology, and Behavior: National Medical Association 2001 Annual Convention and Scientific Assembly, Nashville, Tennessee
2001	The Thrill Is Gone: Keynote Address, African American History Month, Loras College, Dubuque, Iowa
2001	Disparate Access-Healthcare: University of Washington, Bothell Campus Nursing Program
2000	Anger Management: West Contra Costa Stroke and Aphasia Support Group, Doctors Hospital, San Pablo, California, 2000
2000	Race, Culture and Bioethics: American Society for Bioethics Annual Conference, Panel Discussion, Salt Lake City, Utah
2000	Globalization and Postmodernism: International Congress on Law and Mental Health, Siena, Italy

2000	Globalization and Neuropsychiatry: Answers that Transcend Culture? International Congress on Law and Mental Health, Sienna, Italy
1998	Managed Care in the Kenyan Medical Environment: Kenyan Medical Environment: Kenyan Medical Association, Aga Khan Hospital, Nairobi, Kenya
1994	Relationship Between Holidays and Mood Disorders: Doctors Hospital Pinole, CA
1994	The Role of the Mental Health Expert as a Liaison Between Chemical Dependency and Pain Management Programs: American Academy of Pain Management, Vancouver, Canada
1994	Chemical Dependency: Selected Topics: Critical Care Conference, Doctors Hospital, Pinole California
1993	Detox: The First Step to Recovery: National Medical Enterprises Management Services Division Annual Conference, Colorado Springs, Colorado
1993	Substance Use and Substance Induced Organic Mental Disorders: National Medical Enterprises Management Services Division Annual Conference, Colorado Springs, Colorado
1993	Dual Diagnosis in the Inpatient Setting- Professional Seminar, Doctors Hospital, Pinole, California
1993	Depression and Strokes: Brookside Hospital, San Pablo, California
1992	Drug Interactions in the ICU: Clinical Care Rounds, Doctors Hospital, Pinole, California
1992	Overview of Sleep Disorders: Grand Rounds, Doctor Hospital, Pinole, California
1991	Benzodiazepines: Uses and Abuses: Grand Rounds, Brookside Hospital, San Pablo, California
1990	Sleep Disorders in Schizophrenia: Quarterly Medical Staff Meeting, East Bay Hospital
1987	Afro-Centricity in Psychology: Grand Rounds, San Francisco General Hospital, San Francisco, California
1982	Geriatric Psychiatry-University of Southern California

## Clinical Professional Activities

2018	University of Massachusetts Press review
2016	Associate Editor, Journal of Policy and Practice in Intellectual Disability
2015	International Journal of Developmental Disabilities
2015	Journal of Policy and Practice in Intellectual Disability
2014	Cureus Journal Review
2014	Arts and Social Sciences Journal Review
2013	Journal of Politics and Law Journal Review
2012	Research in Developmental Disabilities Journal Review
2010	American Association for Intellectual and Developmental Disabilities, Task Force on Intellectual Disability and Forensic Practice
2007-2009	Neurocognitive Committee, Project among African-Americans to explore risks for schizophrenia (PAARTNERS)
2004-present	Scientific Committee, International Academy of Law and Mental Health
1993-1996	Medical Privileges Committee, Doctors Hospital, Pinole, California
1993-1995	Physicians' Advisory Committee, Alameda Contra Costa Medical Association, Oakland, California
1993-1994	Board of Directors, Solano Park Hospital, Fairfield, California
1992-1993	Board of Directors, East Bay Hospital, Richmond, California
1992	Chief of Staff, East Bay Hospital, Richmond, California
1992	Chairman, Medical Executive Committee, East Bay Hospital, Richmond, California
1992	Allied Health Committee, Doctors Hospital, Pinole, California
1992	Pharmacy & Therapeutics Committee, Doctors Hospital, Pinole, California
1991-1996	Physicians' Advisory Committee, Doctors Hospital, Pinole, California (Chair, 1994-1995)



- 1991 Professional Activities Committee, Easy Bay Hospital, Richmond, California
- 1990 Psychiatry Committee, Chairman, East Bay Hospital, Richmond, California

## Clinical Publications

Freedman, D and Woods, G(2020) "Social Injustice and Personality Disorders." R. Shim and S. Vinson(Eds) 2020 Social Injustice and Mental Health

Greenspan, S. & Woods, G. (2019) "Policing Addendum: Race Based Discrimination in Expert Witness Testimony." In B. Bowser and C. Devadutt (Eds.) *2019 Racial Inequality in New York City since 1965*.

Freedman, D., & Woods, G. (2018) "The Developing Significance of Context and Function: Neuroscience and Law." *Behav Sci Law*. 2018;1–15. <https://doi.org/10.1002/bsl.2351>

Greenspan, S. and Woods, G. (2018). "Social Incompetence of FASD Offenders: Risk-Awareness as a Factor in Criminal Culpability." In E. Jonsson, S. Clarren & I Binnie (Eds). *Ethical and Legal Perspectives in Fetal Alcohol Spectrum Disorders (FASD): Foundational Issues*, (pp/ 127-143). Cham, Switzerland: Springer Publishing.

Norton, Johnson, Woods (2016) "Burnout and Compassion Fatigue: What Lawyers Need to Know." The University of Missouri Kansas City Law Review.

Greenspan, Harris, and Woods (2015) *Intellectual Disability Is "A Condition, not a Number": Ethics of IQ Cut-offs in Psychiatry, Human Services and Law*. Ethics, Medicine, and Public Health.

Greenspan, Woods, and Switzky (2015) *Age of Onset and the Developmental Period Criteria*, Intellectual Disability and the Death Penalty.

Greenspan, Woods, Wood (In Press) *Risk-Unawareness and Legal Jeopardy: Identifying Non-Obvious Brain-Based Impairment*, Springer's International Library of Ethics, Law, and the New Medicine.

Norton, Woods (2015) *Interpersonal Violence: The Legacy of Trauma*. The American Bar Association's Ninth Annual Section of Labor and Employment Law Conference.

Woods, Freedman (2015) *Symptom Presentation and Functioning in Neurodevelopmental Disorders: Intellectual Disability and Exposure to Trauma*, Ethics, Medicine, and Public Health.

Woods, Freedman (2015) *Intellectual Disability, Comorbid Disorders and Differential Diagnosis*, Intellectual Disability and the Death Penalty.

Greenspan, Woods (2014) *Intellectual Disability as a Judgment Disorder: The Gradual Move Away*

*From IQ-Ceilings, Current Opinion in Psychiatry.*

Freedman, Woods (2013) *Neighborhood Effects, Mental Illness and Criminal Behavior: A Review.* Journal of Politics and Law; Vol. 6, No. 3.

Woods, Freedman, Greenspan: (2012). *Neurobehavioral Assessment in Forensic Practice.* International Journal of Law and Psychiatry.

Norton, Woods, (2012). *Secondary Trauma among Judges, Jurors, Attorneys, and Courtroom Personnel.* *Encyclopedia of Trauma: An Interdisciplinary Guide.* C. Figley, Sage Publications.

Greenspan, Switzky, Woods: (2012) *Intelligence Involves Risk-Awareness and Intellectual Disability Involves Risk-Unawareness: Implications of a Theory of Common Sense,* Journal on Intellectual & Developmental Disability. (Cited in Diagnostic and Statistical Manual, 5th Edition, online version)

Woods, Greenspan, Agharkar: (2012) *Ethnic and Cultural Factors in Identifying Fetal Alcohol Spectrum Disorders:* American Journal of Law and Psychiatry.

Bradford, Fresh, Woods: Not all Patients Are Alike: (2007) *Ethnopsychopharmacology of Bipolar Disorder in African Americans.* Psychiatric Times, February.

Abueg, Woods, Watson: Disaster Trauma;(2000) *Cognitive-Behavioral Strategies in Crisis Intervention: Second Edition,* Guilford Press, New York and London; p. 73-290.

## **Forensic Practice**

1981-present	Psychiatric Consultant – Civil, Family Law, Criminal and Appellate Judicial Proceedings
1993-2001	Consultant – the Victims’ Assistance Program, State Board of Control, State of California, Sacramento, California
1983-2000	Medical Examiner Panel – San Francisco County, Marin County and Contra Costa County Superior Courts

## **Forensic Professional Lectures**

2020	Dean’s Panel: “Race, Mental Health, and the Law”: Berkeley Law
2020	Psychological Issues in the Workplace: Emotional Volatility in Mediation. Practising Law Institute
2020	The Intersection of the Criminal Justice System and People with Mental Disabilities, American Bar Association

2020	Return to the Workplace in a Changed World, JAMS(ADR), New York
2019	Neuropsychological Aspects of Competency. IALMH, Rome, Italy
2018:	Mental Illness and Criminal Law: American Psychological Association, San Francisco
2018	Psychological Issues in Employment Law: Practising Law Institute, New York. The Aging Workforce: Myths, Biases and Reality: Mild Cognitive Impairments and the Impact on Cognitive Functioning
2017	Psychological Issues in Employment Law: Practising Law Institute, New York
2016	Cutting Edge Issues in Employment Law: Practising Law Institute, San Francisco
2016	Aging and Cognition; Paul Hastings Global
2016	Psychological Issues in Employment Law: Practising Law Institute, 2016, New York
2015	Legal and Practical Implications of Domestic Violence in the Workplace: It's Not Just the NFL: American Bar Association Section of Labor and Employment Law 9 <sup>th</sup> Annual Labor and Employment Law Conference, Philadelphia
2015	Cutting-Edge Employment Law Issues 2015: The California Difference. Mental Health and the Law, Practising Law Institute, San Francisco
2015	Discussant, Mass Murder: Patterns in Manifestoes: Vienna, Austria
2014	ADA and Mental Disabilities: Inquiries, Exams and Accommodations, Practising Law Institute, New York, New York
2014 2010	Psychological Issues in Employment Law 2014, Practising Law Institute, New York, The Trial of Hamlet, Morrison and Foerster, LLP, Law College, San Diego, California
2009	Treatment of Mentally Ill Offenders in the United States, Canada, and Japan; Japanese Association of Forensic Psychiatry, Tokyo, Japan
1998-2007	In Association With The National Institute of Trial Advocacy Training, Notre Dame University, South Bend, Indiana; Georgia State Law School, Atlanta, Georgia; New York University Law School, New York City, University of North Carolina Law School, Chapel Hill, North Carolina; University of Houston Law School, Houston, Texas; University of Tennessee Law School, Knoxville, Tennessee; Atlanta, Georgia; University of Texas Law School, Austin, Texas; Temple University School of Law, Philadelphia, Pennsylvania
2006	Aligning Clinical Services with Correctional Treatment, Luzira Prison, Kampala, Uganda

2006	Decision Tree for Forensic Evaluations, Butabika Hospital, Kampala, Uganda
2006	Neuropsychiatry and The Courts: The University of Texas Law School, Austin Texas
2002	Demystifying Emotional Damages Claims: Paul, Hastings, Janofsky & Walker, San Francisco, California
2000	An Introduction-Multi-Axial Assessment and DSM-IV: Second National Seminar on Mental Illness and the Criminal Law, Miyako Hotel, San Francisco, California
2000	Psychiatric Manifestations of Mental Disorders: Second National Seminar on Mental Illness and the Criminal Law, Miyako Hotel, San Francisco, California
1999	An Introduction-Multi-Axial Assessment and DSM-IV: First National Seminar on Mental Illness and the Criminal Law, Radisson Hotel, Washington, D.C.
1999	Physical Manifestations of Medical Disorders: First National Seminar of Mental Illness and the Criminal Law, Radisson Hotel, Washington, D.C.
1999	The Kenya/Tanzania Embassy Bombings: When Forensic Science, Politics, and Cultures Collide: International Academy on Law and Mental Health, Toronto, Quebec, Canada
1999	Research Collaboration Between East Africa and the United States: World Psychiatric Association/Kenya Psychiatric Association, First Annual East African Conference, Nairobi, Kenya
1999	Trauma/Resiliency in East Africa Workshop: World Psychiatric Association/Kenya Psychiatric Association, First Annual East African Conference, Nairobi, Kenya
1998	Mental Health Litigation and the Workplace: Sponsored by the University of California Davis Health System, Division of Forensic Psychiatry, Department of Psychiatry, and Continuing Medical Education, Napa, California
1998	Psychological Disabilities: Charting A Course Under the ADA and Other Statutes: Yosemite Labor and Employment Conference, Yosemite, California
1998	Current Trends in Psychiatry and the Law: Developing a Forensic Neuropsychiatric Team: CLE, Federal Public Defenders for the District of Oregon, Portland, Oregon
1997	The Changing Picture of Habeas Litigation: The National Habeas Training Conference, New Orleans, Louisiana
1997	Accommodating Mental Illness in the Workplace: Employment Law Briefing, Orange County
1997	Accommodating Mental Illness in the Workplace: Employment Law Briefing, Palo

Alto, California

- 1997 Accommodating Mental Illness in the Workplace: Employment Law Briefing, Morrison & Foerster, San Francisco
- 1997 Psychiatric Evaluations in the Appellate Process: Emory University, Department of Psychiatry, Forensic Fellowship, Atlanta, Georgia
- 1997 So You Wait Until Discovery Is Over to Consult with a Psychiatrist? Can You Tell Me More About That? Morrison and Foerster Labor Law College, Los Angeles
- 1997 The Changing Cultural Perspectives in Forensic Psychiatry, San Francisco General Hospital Grand Rounds, San Francisco, California
- 1996 Evaluations of an Elementary School Child: Criminal Competency and Criminal Responsibility, Stanford University School of Medicine, Department of Psychiatry and Behavioral Sciences, Division of Child, Psychiatry and Child Development, Grand Rounds, Palo Alto, California
- 1996 Forensic Psychiatry: Cultural Factors in Criminal Behavior, Malingering, and Expert Testimony: The Black Psychiatrists of America Transcultural Conference, Dakar, Senegal, West Africa
- 1996 Dangerousness; Evaluation of Risk Assessment: Grand Rounds, Department of Psychiatry, University of California, Davis
- 1995 Violence in the Workplace: A Psychiatric Perspective of Its Causes and Remedies: The Combined Claims Conference of Northern California, Sacramento, California
- 1995 Experts: New Ways to Assess Competency- Neurology and Psychopharmacology: Santa Clara University Death Penalty College, Santa Clara, California
- 1995 Multiple Diagnostic Categories in Children Who Kill: Psychological and Neurological Testing and Forensic Evaluation: The American College of Forensic Psychiatry 13th Annual Symposium, San Francisco, California
- 1995 Mock Trial: Client Competence in a Criminal Case: Testing the Limits of Expertise, The American College of Forensic Psychiatry 13th Annual Symposium, San Francisco, California
- 1995 The Use of Psychologists In Judicial Proceedings: The California Attorneys for Criminal Justice/California Public Defenders Association Capital Case Seminar, Monterey, California
- 1994 Commonly Seen Mental Disorders in Death Row Populations: The California Appellate Project, Training Session for Legal Fellows and Thurgood Marshall Investigative Interns, San Francisco, California

- 1994            Anatomy of a Trial: Mock Trial Participant, The California State Bar Annual Convention, Anaheim, California
  
- 1994            Developing a Forensic Neuropsychiatric Team: The American College of Forensic Psychiatry 12th Annual Symposium in Forensic Psychiatry, Montreal, Quebec, Canada
  
- 1994            Responsibility in Forensic Psychiatry: Department of Criminology Faculty Seminar, University of Nebraska, Omaha
  
- 1994            Attorney/Investigator Workshop: Brain Function: The 1994 California Attorneys for Criminal Justice/California Public Defenders Association Capital Case Seminar, Long Beach, California
  
- 1994            Appellate and Habeas Attorney/Investigator Workshop: Evaluating Mental Health Issues in Post-Conviction Litigation: The 1994 California Attorneys for Criminal Justice/California Public Defenders Association Capital Case Defense Seminar, Long Beach, California
  
- 1993            Psychological Issues in Police Misconduct: Police Misconduct Litigation, National Lawyers Guild, San Francisco
  
- 1993            Neuropsychiatry, Neuropsychology and Criminal Law: Maricopa County Office of the Public Defender, Seminar on Investigation for Mitigation and Capital Cases, Phoenix, Arizona
  
- 1993            Working with Experts: California Appellate Project, San Francisco, California
  
- 1991            Forensic Psychiatry and Ethnicity-Black District Attorneys Association, National Convention

## **Professional Forensic Publications**

Greenspan, Woods (2016) *Chapter 7 Personal and Situational Contributors to Fraud Victimization: Implications of a Four-Factor Model of Gullible Investing*. Financial Crimes: Psychological, Technological, and Ethical Issues. Dion, Weisstub, Richet. Springer Publishing.

Wood, Hanoch, Woods (2016) *Chapter 6 Cognitive Factors to Financial Crime Victimization*. Financial Crimes: Psychological, Technological, and Ethical Issues. Dion, Weisstub, Richet. Springer Publishing.

Woods, (2016) *Cognition and Aging: Impact in the Workplace*: Paul Hastings Global.

Woods, (2016) *Treat or Assess: Which Hat Should Your Expert Wear?* Practising Law Institute.

Bigler, Jantz, Freedman, Woods, (2016) *Structural Neuroimaging in Forensic Settings*, University of Missouri-Kansas City Law Review, Volume 82, No. 2. Psychiatry and Criminal Law, Contra Costa Lawyer, Volume II, No. 8, August 1998.

Mock Trial: Client Competence in a Criminal Case: Testing the Limits of Expertise, The Psychiatrist's Opinion as Scientific, The Expert's Foundation as Sufficient (1995). (Available from The American College of Forensic Psychiatry and on Audiotape)

Multiple Diagnostic Categories in Children Who Kill: Psychological and Neurological Testing and Forensic Evaluation (1995). (Available from the American College of Forensic Psychiatry and on Audiotape)

Developing a Forensic Neuropsychiatric Team (1994). (Available from the American College of Forensic Psychiatry on Audiotape)

Anatomy of a Trial (1994). (Available for the California State Bar)

## **Forensic Professional Affiliations**

2013	American Academy of Psychiatry and the Law
1998	International Academy of Law and Mental Health

## **Professional Development & Corporate Services**

2016	BetterManager, Advisory Board
2016	Map1080, Big Timber, Montana, Advisory Board
2015	Grade LLC Evansville, Indiana Unified School District: Education/Neuroscience Collaboration
2015	The Science Advisors, Founding Partner
2015	Defend Your Head Corporation: Medical and Neuroscience Advisor
2014	Forefront Behavioral Telecare, LLC: Assistant Chief Medical Officer
2013	Generations in Transition: YearUp, Atlanta, Georgia
2011	Forefront Behavioral Telecare, LLC: Director of Clinical Research
2009-2010	Forefront Behavioral Telecare, LLC: Chief Medical Officer

2009	AgeServe Communications, LLC: Director of Research/Director of Government Programs
2005	Consultant, Athena Feminine Technologies, Inc., Orinda, California
2004	Consultant, Corporate Structure, Tostan, Non-Governmental Organization, Theis, Senegal
2004	Toward Effective Retention Efforts: The use of narratives in understanding the experiences of racially diverse college students., Narrative Matters, Fredericton, New Brunswick, Canada
2003	In Association with the Council on Education in Management, Charlotte, North Carolina, Accommodating Psychiatric Disabilities: Avoiding the Legal Pitfalls of the ADA, Human Resources Conference, Palm Springs, California
2001-2003	Consultant, Vulcan Inc., Seattle, Washington
1999	In Association with Matthew Bender Legal Publishing, New York: Psychiatric Disabilities and California Workplace Requirement, With the Bar Association of San Francisco, San Francisco
1998	Psychiatric Disabilities under the Americans With Disabilities Act: Without Pretrial Strategy, Atlanta, Georgia
1998	Psychiatric Disabilities under the Americans With Disabilities Act: Without Pretrial Strategy, Los Angeles, California

## **JohnsonWoods Education, LLC**

2017	Criminal Law and Mental Illness: The Rising Role of Neuroscience in the Courts: The American Psychological Association, Washington, DC.
2012 - present	An Evolution in Practice at the Intersection of Mental Health and the Law: Where Mental Health Meets the Law by Jennifer Johnson, J.D., David Freedman, Ph.D., and George Woods, M.D. of Johnson Freedman Woods Education: a comprehensive curriculum on the evolving field of forensic mental health. Thomson Reuters West Legal EdCenter

## **The Critical Moments Consulting Group**

2018	Critical Moments: Creating a Diversity Leadership Community, Cascadia College, Bothell, Washington
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- 2001 Part I – Responding Creatively to Cultural Diversity through Case Stories and Part II – Strategies and Challenges for Campus-wide Diversity Project: Models of Integrating Critical Moments, Fourteenth, Annual Conference on Race and Ethnicity in American Higher Education, Seattle Washington
- 2001 Teaching Complex Case Stories, Faculty Development, Loras College, Dubuque, Iowa
- 2000 Critical Moments: Creating a Diversity Leadership Learning Community, 13<sup>th</sup> Annual National Conference on Race and Ethnicity in American Higher Education (sponsored by the University of Oklahoma, Southwestern Center for Human Relations Studies), Santa Fe, New Mexico
- 2000 Improving Undergraduate Education: Teaching and Learning in the Context of Cultural Differences, The Washington Center for Improving the Quality of Undergraduate Education, Thirteenth Annual Conference, Seattle, Washington
- 1999 Critical Moments: Deepening Our Understanding of Cultural Diversity through Critical Analysis, Effective Interviewing, Case Writing, and Case Teaching, The Washington Center, Evergreen State College, Olympia, Washington
- 1999 Teaching Complex Issues with Case Studies: A Workshop for Faculty and Graduate Teaching Assistants, University of Nebraska at Lincoln, Teaching and Learning Center and Critical Moments Project
- 1999 Critical Moments: Writing the Stories of Diverse Students, Washington Center for Improving the Quality of Undergraduate Education Workshop for College and University Faculty, Administrators, Staff and Students, Evergreen State College, Bothell, Washington
- 1999 Critical Moments: A Case Study Approach for Easing the Cultural Isolation for Under-Represented College Students, Presented at Transforming Campuses Through Learning Communities, National Learning Communities Conference, Seattle, Washington
- 1993 Contextualism and Multi-Cultural Psychology-Graduate Seminar, University of Nebraska, Omaha, Nebraska
- 1992 Curriculum and Developmental Stages-North Central Educational Research Lab, Northwestern University

## **Critical Moments Publications**

Gillespie, D., Malnarich, G., and Woods, G. (2006). Critical Moments: Using College Students' Border Narratives as Sites for Cultural Dialogue, In M.B. Lee (Ed.), *Ethnicity Matters: Rethinking How Black, Hispanic and Indian Students Prepare for and Succeed in College*. (pp. 99-116). New York: Peter Land Publishing Group.

Gillespie, D. & Woods, G. (2000). Critical Moments: Responding Creatively Cultural Diversity Through Case Stories; Third Edition.

*(Updated December 21st, 2020)*